



volunteer resources - general reference

To accompany volunteer application when applying to volunteer in:
Care Teams

This information will be held in confidence. AIDS Vancouver screens volunteers in order to ensure the protection of our clients. Therefore we request that you respond to these questions as fully and frankly as possible.

Applicant's Name: _____

Referee's Name: _____

Referee's Address: _____

Postal Code: _____ Telephone: _____

In what capacity do you know this person? _____

For how long? _____ Years _____ Months

How well? A Little Fairly Well Quite Well Exceptionally Well

From your perspective, does the applicant have the emotional stability, maturity and physical health to act as a support for someone who is seriously ill or dying?

Yes No Please explain:

Does the applicant follow through on his/her obligations/commitments? Please comment.

Can the applicant work independently? Yes No If "No", please explain/comment.

To the best of your knowledge, how does the applicant respond to people under difficult circumstances?

Does the applicant have any problem with alcohol or other drugs. Please comment.

This applicant may be working with vulnerable adults and children, please comment on any known challenges, risks, or liabilities that we should be aware of.

If you were seriously ill, would you want this applicant as your home support and friend? Why or why not?

What kinds of personal or psychological challenges does this applicant have that *might* affect a one to one relationship with a client of AIDS Vancouver? Please comment.

Do you have any other information regarding this applicant's request to be a volunteer at AIDS Vancouver?

Thank you for your time and effort in completing this reference. Please return to our office at : **AIDS Vancouver Volunteer Resources, 1107 Seymour St., Vancouver BC, V6B 5S8 or by fax: 604-893-2211**

Referee's Signature: _____

Date : _____