



VOLUNTEER SERVICES  
**VOLUNTEER REFERENCE**

The individual who provided this form is applying to volunteer at Riverview Gardens Long Term Care. References are required for an application to be complete.

In order for this reference to be accepted, it must be received directly from you to Volunteer Services (do not return it to the applicant). **Please complete this form and send to Karen Lewies [karenle@chatham-kent.ca](mailto:karenle@chatham-kent.ca)**

**or**

Riverview Gardens LTC  
C/O Karen Lewies  
519 King Street W.  
Chatham, Ontario  
N7M 1G8

**Name of Applicant:**

**Name of Reference:**

**Telephone:**

1.) In what context do you know the applicant?

2.) How does the applicant relate to others? Please provide an example.

3.) What qualities/abilities does the applicant have that would be valuable in performing a Long Term Care Home role which interacts with residents/families and offers service excellence? Please describe the qualities /abilities and how they would apply to volunteering.

4.) Is the applicant reliable enough to honour a commitment to volunteer on a regular basis?

5.) What is one area you would recommend the applicant develops or strengthens?

6.) Would you recommend the applicant as a volunteer at Riverview Gardens Long Term Care? Please explain?

7.) Is there anything else you would like to comment on regarding the applicant?