

REFERENCE REQUEST FORM

Eligibility Criteria: References, both written and verbal are provided to volunteers who meet all program requirements, have successfully completed a 6-month placement and have at least 75 hours of satisfactory service. ****10 business days' notice** is required for **written references** including reference letters, forms or online references. ****** For **verbal references**, you do not need to submit a form but you must call Volunteer Resources with **2 business days' notice** to verify eligibility before providing SMH/JPOCSC as your verbal reference.

Name: _____ Phone: _____

Volunteer(ed) in Position(s): _____ Date: from _____ to _____

_____ Date: from _____ to _____

Date reference is required to be received by organization: _____

Purpose Of Written Reference:

Employment Reference (only if mandatory) - Job Position: _____

College/University Application - Academic Program: _____

Scholarship Application - Scholarship Name: _____

Other, explain: _____

Type Of Reference Required: (attach reference details and forms, if applicable)

Letter Only Form Only, attached **Both** Letter & Form Online Form Only

Reference Information Required: (We do NOT provide "To Whom It May Concern" letters)

Your Full Name wished to be used on reference: <i>(if different from above)</i>	Your student no. <i>(if applicable)</i>
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Contact Person's Name:	Title:
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Organization:

Address:

City:	Prov/State:	Postal/Zip Code:
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Email: <i>(if applicable)</i>	Website for online form: <i>(if applicable)</i>
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Reference Completion: (Please indicate method for reference delivery below)

Mail directly to above address ****Volunteer Resources will cover cost of postage****.

Fax/Email directly to Organization: Fax # _____ or Email to: _____

Mail to me or Call me to pickup, need to pickup reference by: _____

Release Of Reference:

Volunteer Signature: _____ Date: _____

Submit completed forms to Volunteer Resources by Fax: (604) 585-5669 or Email:
volunteer.smh@fraserhealth.ca or drop-off in confidential mailbox
outside SMH or JPOCSC Main Office.

For Office Use Only:	Rec'd Date:
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<input type="checkbox"/> Request Denied by: _____ <input type="checkbox"/> Request Approved by: _____	Reason(s):
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Program(s):	Start Date	End Date
1.		
2.	Start Date	End Date

Total Hours (to date):	
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Comment on Competencies:
 Indicate those that apply below-- if not applicable/unable to judge note under Other Comments.

Rank Attributes	Average	Very Good	Excellent	Exceptional	Other Comments
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Dependability:					
Organizational Skills:					
Interpersonal Skills:					
Work Attendance:					
Work Performance:					
Communication: -Verbal -Written					
Problem Solving:					
Leadership/Initiative:					

Strengths:

Other:

Comments: