

### Kiwanis Care Centre

35 Clute Street, New Westminster, BC V3L 1Z5  
Recreation Telephone: 604-520-0158  
Fax: 604-525-8522

The individual noted below is applying to be a Volunteer at Kiwanis Care Centre, working with the elderly. Your name has been given as a reference and we would appreciate you taking the time to complete the following questions. Please mail or fax this back to us at your earliest convenience (address/fax number noted above). Thank you for providing us with this information.

Warm Regards,

Director of Recreation and Volunteer Services

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#### REFERENCE REQUEST

Name of Applicant: \_\_\_\_\_

Name of Referee: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please describe the applicant in relation to:

Reliability and dependability: \_\_\_\_\_

\_\_\_\_\_

Interpersonal Skills: \_\_\_\_\_

\_\_\_\_\_

Attitude: \_\_\_\_\_

\_\_\_\_\_

Ability to work independently and with others: \_\_\_\_\_

\_\_\_\_\_

In your experience, how would the applicant interact with seniors? \_\_\_\_\_

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In your experience, is the applicant able to recognize their limits as a volunteer and would the applicant ask for help when needed? \_\_\_\_\_

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Please use the space below to describe the applicant with regard to any other particular qualities or characteristics that would make him/her suitable to work with the elderly.

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All information concerning the volunteer will be held in strict confidence.

All of the above shall not be discussed by me with anyone other than those appropriately concerned.

Signature \_\_\_\_\_

Date \_\_\_\_\_