



ER INDOM ROCER RELEGION		
Volunteer's	Reference	
Name:	Name:	
Position Applied		
For:	Telephone No:	
Date of Reference:	Email Address	
Known Volunteer	Nature of	
for: (time period)	Relationship:	
Questions:		
What was your reaction		

What was your reaction when this person shared they wanted to volunteer in our pediatric palliative care hospice?  Any concerns for this person to be in this setting?	
How would you describe the personality and temperament of this person?	
Ability to deal with stress?	
Would you be willing to have this person work on a one to one basis with your child or parent?	
How will this person work in a team?	
Can this person work independently?	
Would you recommend this person to Roger Neilson House?	

Please comment, if you can, on the following traits:

Please comment, if you can, o	Excellent	Very Good	Good	Acceptable	N/A	
• Dependability						
Ability to follow through on commitments						
Respect for others						
Acceptance of differences						
Emotional stability						
Social skills						
• Patience						
Role model for others						
Is there anything you would like to add?						
	_		_			
Completed by:						
Forwarding address: Pager Neilson House						

**Forwarding address**:

Roger Neilson House C/O Volunteer Services 399 Smyth Rd. Ottawa, ON K1H 8L2 volunteers@rogerneilsonhouse.ca

Fax: 613-523-6300 x621