

Extend-A-Family Waterloo Region
91 Moore Avenue
Kitchener, Ontario N2H 3S4
Phone: 519.741.0190
Fax: 519.741.0190
www.eafwr.on.ca

Date: _____

RE: REFERENCE INQUIRY – VOLUNTEER POSITION

To Whom It May Concern:

The enclosed form has been provided for you to review and complete for _____ who has applied for a volunteer position with Extend-A-Family Waterloo Region.

We offer a variety of programs whereby support is provided by a volunteer for a child or adult who has a physical and/or developmental disability.

It would be greatly appreciated if you would complete the form based on your involvement with the above named applicant and return it to our office by fax, email, or mail.

If you would prefer, you may complete this form and submit it online at:
<https://eafwr.wufoo.com/forms/rkm824v1fejr0t/>

I would like to thank you in advance for your time in assisting us with this process.

Respectfully,



Michelle Scala
Recruitment and Volunteer Coordinator

Extend-A-Family Waterloo Region
Ph: 519.741.0190 ext. 238
mscala@eafwr.on.ca

EXTEND-A-FAMILY Waterloo Region

91 Moore Ave Kitchener, ON N2H 3S4

Phone: 519.741.0190

Fax: 519.741.0392

**REFERENCE INQUIRY - Volunteer
(Received in Confidence)**

REFERENCE FOR: _____

1. How long have you known the individual and in what context:

2. Please state some of his/her **strengths** that would be valuable in his/her role as a
3. volunteer working with people who have developmental and/or physical disabilities:

4. Please comment specifically on the following for the above individual(s):

a) Ability to deal with **stress** or **conflict**: _____

b) **Communication** skills (Written, verbal): _____

c) **Compassion/empathy** for others: _____

d) **Relationships** with others: _____

e) Community **involvement**: _____

f) **Reliability** and **responsibility**: _____

g) Ability to work **independently/initiative**: _____

5. Please indicate any areas that **need strengthening** and/or any **concerns** you may have about the individual(s) as a volunteer working with people who have a developmental and/or physical disability:

6. Would you **recommend** the individual(s) for this type of work: _____

REFERENCE FROM (PRINT): _____ **DATE:** _____

SIGNATURE: _____ **PHONE #:** _____

OCCUPATION: _____ **EMPLOYER:** _____