

RECREATION & PARKS VOLUNTEER REFERENCE FORM

The Town of Halton Hills Recreation and Parks Department and/or Hillsview Active Living Centre(s) would appreciate your assistance in providing us with a written reference for the volunteer applicant named below. Applicant, please forward this form to two (2) separate references for completion. References can mail or fax forms to Recreation and Parks, or provide them to the applicant to return.

Please note that the Community Development or Volunteer Coordinator may call to follow up on references to request further details or clarification.

All forms must be completed in full. (Please note that family members and/or peer friends are not acceptable reference sources. All references must be 18 years of age or older).

Volunteer Name: _____ Reference Name _____

Volunteer Position Applied for: _____ Reference Telephone: _____

Reference Email Address: _____

1. How long have you known the applicant and in what capacity?

2. What do you consider to be the applicant's strengths?

- | | |
|---|---|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Takes Initiative | <input type="checkbox"/> Reliable |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Communication Skills |
| <input type="checkbox"/> Team Focused | <input type="checkbox"/> Resourceful |
| <input type="checkbox"/> Works Independently | <input type="checkbox"/> Resourceful |

3. What do you consider to be the applicant's areas in need of improvement?

- | | |
|---|---|
| <input type="checkbox"/> Organization | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Takes Initiative | <input type="checkbox"/> Reliable |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Communication Skills |
| <input type="checkbox"/> Team Focused | <input type="checkbox"/> Resourceful |
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Resourceful |

4. Can you think of a time when the individual exhibited leadership or initiative?

5. This volunteer role requires the individual to make a commitment; do you feel they will honour that commitment?

6. Would you include this individual in a volunteer role that included duties/activities with vulnerable population groups such as children, seniors, or matters that included dealing with money?

Yes No Unsure (If unsure, please explain why):

7. Is there any reason you would not recommend the applicant for a volunteer position with the Hillsview Active Living Centre(s) or Town of Halton Hills?

Additional Comments:

Signature: _____

Date: _____

Please return this form to the Volunteer Coordinator in the Recreation and Parks Department. 1 Halton Hills Drive, Halton Hills ON, L7G 5G2
Phone: (905) 873-2601 ext. 2282, Fax: (905) 873-1587, Email: volunteer@haltonhills.ca

The personal information on this form is collected under the authority of the Municipal Act, as amended. The information will be used to determine applicant eligibility. Questions about the collection of this information should be directed to the Community Development Coordinator Phone: 905-873-2601, ext. 2269 or volunteer@haltonhills.ca