**REFERENCE REQUEST FORM**

**About the Volunteering Roles**

Being a Friendship Volunteer involves visiting or calling older people in an unsupervised situation and as an organisation committed to older people’s welfare, we need to know if you have any reason at all to be concerned about this applicant carrying out this role.

Please note, no applicant can commence their volunteering role with us until we have received at least two satisfactory references**, so please return the form within 2 days if possible.**

|  |  |
| --- | --- |
| **Name of referee** |  |

**Applicant details**

|  |  |
| --- | --- |
| Name of applicant |  |
| How long have you known the applicant? |  |
| In what capacity have you known the applicant? |  |

Our volunteers have contact with older people in an unsupervised capacity. Have you any concerns about the applicant’s ability to carry out this role?

Please put a cross in the appropriate box.

|  |  |
| --- | --- |
| Yes |  |
|  |  |
| No |  |

If yes, please provide details below.

|  |
| --- |
|  |

How would you rate the applicant against the following criteria?

Please insert a ‘1’, a ‘2’ or a ‘3’ in each box. (1 = poor, 2 = average, 3 = good)

|  |  |
| --- | --- |
| Communication and listening skills |  |
|  |  |
| Empathetic and caring |  |
|  |  |
| Time keeping and reliability |  |
|  |  |
| Ability to follow guidelines |  |
|  |  |
| Ability to work independently without supervision |  |
|  |  |
| Honest and trustworthy |  |

Thank you for completing this reference, it is important to us.

Please return the completed form to Volunteer.Recruitment@independentage.org