



# Saint Joseph's Shankill

*Dedicated to Dementia Care*

## Reference Request Form

*We would appreciate your help in providing us with a reference for the Volunteer Applicant named below who has applied to volunteer with Saint Joseph's Shankill.*

**Name of Volunteer Applicant:**

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

*Please evaluate the applicant in the following areas. Please tick one box for each area:*

	Poor	Acceptable	Good	Excellent
Reliability				
Time Management				
Responsibility				
Communication skills				
Flexibility				
Teamwork				
Ability to complete tasks unsupervised				

**As an organisation committed to safeguarding, we need to know about the applicant's suitability to volunteer with children, young people and vulnerable adults. Do you have any concerns about the applicant's suitability to volunteer alongside these groups of people?**

Yes       No

**If Yes, please give details:**

**Is there anything else you would like to tell us about the applicant that might help us to make a suitable volunteer-role match?**

**Your Name:**

**Your Phone Number:**

**Your Email Address:**

*I confirm that the details I have provided are accurate to the best of my knowledge:*

**Signed:**

**Date:**