

*Sample*

**ST. JOHN AMBULANCE  
Volunteer Reference Form**

PLEASE PRINT.

Name of person giving reference \_\_\_\_\_

Address \_\_\_\_\_  
(number & street) (city) (Province) (postal code)

Res. Telephone \_\_\_\_\_ Bus. Telephone \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING *TO THE BEST OF YOUR KNOWLEDGE*.**

1. How well do you know the applicant?  
Slightly \_\_\_ A little well \_\_\_ Quite well \_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. In what capacity have you known the applicant? What is your relationship to this person? (Friend? Service Club? Work? Please specify.)  
\_\_\_\_\_

4. Below, please check **ONLY** those characteristics you have had the opportunity to observe.

<input checked="" type="checkbox"/>	Poor	Fair	Good	Excellent	No Knowledge
Ability to get along with others					
Emotional stability					
Dependability					
Initiative					
Integrity					
Assertiveness					
Capacity to assist people					
Problem-solving ability					
Adaptability					
Willingness to accept direction					
Personal appearance					
Ability to express opinions constructively					
Respect for others					
Leadership qualities					
Ability to maintain composure in stressful situations					
Perseverance with regard to difficult tasks					

Appendix 6  
to StJCI 2-9-2, Annex A

5. Please check any of the following personality traits which best describe the applicant:

Active	Friendly	Organized	Shy
Aggressive	Happy	Outgoing	Sincere
Arrogant	Honest	Patient	Superficial
Caring	Humble	Punctual	Tactless
Compassionate	Insincere	Reliable	Tolerant
Confident	Irresponsible	Responsible	Understanding
Controlling	Judgmental	Self-confident	Warm
Domineering	Lazy	Self-conscious	Withdrawn
Easygoing	Mature	Selfish	Other (please specify)
Energetic	Nervous	Sensible	_____
Flexible	Opinionated	Serious	_____

6. What are the applicant's personal strengths?

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7. What are the applicant's personal limitations?

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8. How well does the applicant work with others?

Extremely well	Well	Average	Marginally	Poorly
Comments _____				

9. How effectively does the applicant work independently?

Extremely well	Well	Average	Marginally	Poorly
Comments _____				

10. Being a St. John Ambulance Brigade volunteer involves working with, and in some positions, providing first aid treatment for anyone in need, regardless of any other consideration except that of personal safety (i.e. violence or civil disturbance). This includes people of all ages from young children to senior citizens. It also includes no regard for their creed, colour, ethnic origin, gender, social status, or disability. Do you know of any reason, limitation, or situation that makes you feel the applicant would have difficulty providing assistance to a total stranger?

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11. **Some positions require approximately forty hours of initial training, regular weekly attendance at meetings (about two hours per week) and an average of five additional hours of volunteer work per month. Do you feel the applicant will have sufficient time to make a meaningful contribution to St. John Ambulance without sacrificing their other obligations?**

**YES / NO** (Please give reason for your answer)

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11. **Would you choose this applicant to help YOU or your child if the need arose?** (Why or why not?)

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12. **Would you recommend this applicant as a St. John Ambulance Brigade volunteer?** (Why or why not?)

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Position/Occupation:** \_\_\_\_\_

**Home phone #** \_\_\_\_\_ **Work phone #** \_\_\_\_\_

**THANK YOU FOR YOUR ASSISTANCE.**

**PLEASE RETURN THE COMPLETED FORM DIRECTLY TO  
ST. JOHN AMBULANCE.**

**DO NOT RETURN THIS FORM TO THE APPLICANT FOR HAND DELIVERY.**

(Place your District address, fax # and contact name here)