



Volunteer Reference Form

Applicant _____ has applied to become a volunteer at Oasis de Vie (ODV) and has given your name _____ as a referee. As a continuum of healthcare Center, we must make sure that any volunteer is suitable before he/she can be accepted. We would appreciate you taking the time to complete the following questionnaire, which will remain absolutely confidential, and returning it to:

Oasis de Vie
 Continuum of Healthcare Center
 Achrafieh/ Lebanon
 Tel: +961 01 425 170

Or through our email: hr@oasisdevie.com

In commenting on the applicant, please bear in mind that the appointment under consideration may involve substantial work with patients who require care and support. Therefore, we would appreciate you being extremely candid in your evaluation.

How long have you known the applicant?

Less than one year 1-2 years 3 years or more

What is your relationship with the applicant? (No family members included)

Friend Co-worker Employee Other, please specify _____

Please check the boxes below that you feel best describe or fit this volunteer:

	Poor	Average	Good	Excellent
Attendance & Punctuality; ability to be on time				
Commitment & dependability; compliance to rules & regulations and following on all assigned tasks				
Initiative; willingness to work independently with minimum supervision				
Trustworthiness & confidentiality; ability to keep information confidential				
Interpersonal communication; ability to be a good listener & having good communication skills				
Willingness & ability to learn; readiness to admit lack of knowledge & to seek help when necessary				
Judgment & problem-solving skills				
Team player; ability to work with others in a group or as part of a team				
Acceptance & Respect of differences in others; i.e. diverse lifestyles, values, cultures, religions, race				
Compassion for other people; ability to work well with patients (note: not all volunteers work with patients)				



Has the volunteer applicant experienced a major life transition during the last two years (such as death of a loved one, serious illness, divorce...etc?)

Please share any additional attributes, skills or comments about the volunteer applicant that would make him/her particularly suitable as a volunteer for our Center:

Signature: -----

Date: -----

Telephone Number: -----