



Barry's Bay & Area Senior Citizens Home Support Services

Box 148, Community Services Centre Unit # 2, 7 St. Francis Memorial Drive,
Barry's Bay, Ontario K0J 1B0,
613-756-2772/(Fax) 613-756-2784

REQUEST FOR VOLUNTEER REFERENCES

TYPE OF SERVICE BEING APPLIED FOR:

Transportation	0	Telephone Reassurance	0
Meals on Wheels	0	Friendly Visiting	0

NAME OF REFERENCE: _____

TELEPHONE NO.: _____

We would like a reference from you regarding the suitability of:

(name) _____ (as a
volunteer providing the above noted service for the Barry's Bay & Area
Home Support Program.

How long have you known the applicant? _____

In what capacity have you known him/her? _____

Would you personally recommend this person for this position?

Yes No If No, why? _____

Signature of Reference: _____ DATE: _____

BBAHS Validation of Reference:

By: _____

Date: _____

The information collected on this form is private and confidential and will not be used or disclosed in any form except for the purposes of service delivery as outlined in the BBAHS Privacy Policy.