



ESVNL REFERENCE FORM

_____ has applied to be a volunteer at the End Sexual Violence NL(ESVNL). ESVNL would appreciate receiving your assessment of this applicant. The people who access our services are often in a vulnerable place in their lives, so it is vital that our volunteers meet our high standard of empathy and care, as well as the level of professionalism needed to respect client's confidentiality, create appropriate boundaries, and represent ESVNL in a professional manner.

Be assured that your reference will be kept in strict confidence. Your comments will help us determine if the applicant is suitable for this kind of work. Please note that we may do a follow up call with you if we have further questions.

Your reference may be emailed if they are from a dedicated email address i.e., john.smith@gov.nl.ca. If you are submitting a hard copy, please complete the enclosed form and return to the applicant in a sealed envelope with your signature across the seal. If you have any concerns or questions about getting your reference to us, please contact ESVNL as soon as possible.

Thank you for your cooperation.

Sincerely,

Jenna Slaney
Volunteer Coordinator
End Sexual Violence NL
Phone: 709-747-7757 ext 3
sva@endsexualviolence.com
15 Hallett Cres Suite 101
St. John's, NL
A1B 4C4



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Name of applicant:

How long have you known this applicant and in what capacity?

The volunteer training is a 55-hour course covering topics such as sexual violence, childhood sexual abuse and adult survivors, sexual assault and harassment, and suicide. Once completed our volunteers take calls on our 24-hour support line. Do you feel the applicant is suitable for this kind of work?

YES

NO

Why/why not?



Due to the nature of our work, we have a strict policy of confidentiality. Do you see any issues with the applicant maintaining confidentiality?

YES

NO

Why/why not?

Please comment on the applicant's reliability.

Do you think there is anything that would interfere with the applicant's ability to do this kind of volunteer work?



Please rate the applicant on the following:

Quality	Exceptional	Average	Fair	Not recommended	Unable to judge
Motivated					
Ability to deal with stress					
Uses sound judgment					
Dedicated to helping others					
Courteous					
Responsive to constructive feedback					
Willing to ask for help when needed					
Compassionate					
Listens well					
Can create boundaries when needed					
Can work independently, without supervision					
Empathetic					
Calm					
Patient					
Honest					
Reliable					
Committed to self-care					



Is there anything you would like to add?

By signing below, I confirm I have answered the above questions as truthfully as possible and to the best of my ability.

Name:	Date:
Email Address:	Phone:
Signature:	

Thank you for your time!
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