



# VOLUNTEER REFERENCE CHECK

P.O. Box 1820 223-10th Ave. N. Creston BC, V0B 1G0 ph. (250) 428-2296 fax 428-2297

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Name & Occupation: \_\_\_\_\_

How long have you known the applicant?  
\_\_\_\_\_

In what capacity do you know this person?  
\_\_\_\_\_

Can you tell me what you remember most about this person?  
\_\_\_\_\_

What would you describe as the individual's strengths?  
\_\_\_\_\_

Would you recommend this person as a volunteer for the CDSCL Therapeutic Riding Program?  
\_\_\_\_\_

### Skills and Attributes Checklist:

Dependable \_\_\_\_\_ Compassionate \_\_\_\_\_ Assertiveness \_\_\_\_\_  
Deals well with stress \_\_\_\_\_ Good social skills \_\_\_\_\_ Good role model \_\_\_\_\_  
Complete commitments \_\_\_\_\_ Trustworthy \_\_\_\_\_ Perseverance \_\_\_\_\_  
Respect for others \_\_\_\_\_ Emotionally stable \_\_\_\_\_ Honest \_\_\_\_\_  
Shows initiative \_\_\_\_\_ Patient \_\_\_\_\_ Leadership qualities \_\_\_\_\_  
Tolerates differences \_\_\_\_\_ Caring \_\_\_\_\_ Calm in emergency \_\_\_\_\_

**Equine Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Interviewer:** \_\_\_\_\_

**Signature of Interviewer:** \_\_\_\_\_