



Supervised Work/Volunteer Reference Form Therapeutic Recreation Program

Mail to: **Therapeutic Recreation Program, Douglas College**
Attention: Rosemarie Bakker, Registrar's Office
 PO Box 2503
 New Westminster, BC Canada V3L 5B2

Note: This form must be mailed directly from the Supervisor to Douglas College in a sealed envelope.

Preamble: The Douglas College Therapeutic Recreation (TR) Program requires all applicants to successfully complete 45 hours of supervised work within an agency which provides leisure experiences for older adults or individuals with disabilities. This work can be paid or volunteer.

The purpose of the Reference Form is to provide an evaluation of work and /or volunteer performance. This evaluation is one of the criteria used to assess the readiness of an applicant to enter the Therapeutic Recreation Program. **The Douglas College Therapeutic Recreation Program reserves the right to contact the agency for further clarification relating to this evaluation if required.**

Name of Volunteer or Employee: _____

Douglas College Student Number: _____

Agency: _____

Telephone: _____ E-mail: _____

Supervisor: _____

Duration of Hours (volunteer or paid):

From: _____ To: _____ Total Hours to Date: _____
 (day/month/year) (day/month/year)

Brief Description of Duties: _____

The Volunteer:

		Poor		Good		Excellent
1.	adheres to the agency's policies and procedures	1	2	3	4	5
2.	establishes effective working relationships with co-workers	1	2	3	4	5

The Volunteer:

		Poor		Good		Excellent
3.	demonstrates fairness, sensitivity, and respectfulness to clients	1	2	3	4	5
4.	demonstrates flexibility in response to the changing needs of clients, supervisors and the agency as a whole	1	2	3	4	5
5.	demonstrates an acceptable level of wellness, including: fitness, nutrition, stress management and humour	1	2	3	4	5
6.	demonstrates appropriate work habits, including: attendance, punctuality, dress and grooming	1	2	3	4	5
7.	seeks and accepts feedback and constructive criticism	1	2	3	4	5
8.	demonstrates safe practice and safety awareness	1	2	3	4	5
9.	demonstrates organizational skills and reliability	1	2	3	4	5
10.	maintains the principles of confidentiality	1	2	3	4	5

Additional comments which could assist in determining the applicant's readiness to begin the Therapeutic Recreation Program.

Supervisor's Signature: _____

Date: _____

Thank you for assisting in the selection of applicants for the Douglas College Therapeutic Recreation Program.