



Reference Check for CHAP Worker Position

Applicant's Name _____

Name of Referee _____ Phone _____

Position held and name of company _____

1. In what capacity do you know candidate? _____

2. Would you be pleased to have him/her work with you again? _____

3. How long have you known him/her? _____

4. Have you observed him/her work with children/adults? _____

5. What qualities does s/he have that would work well as a CHAP Worker supporting individuals with a developmental disability? _____

6. How would you describe his/her personal characteristics? _____

7. Can you comment on the independence level of the applicant? _____

8. From your experience, please give an example of this person's reliability and commitment _____

9. Would you leave your children in care of this person? _____

10. Is there anything we should know about this applicant that could affect their ability to provide support as a respite worker with the CHAP Program? _____

Reference Checker _____ Date _____

Return this form to:

Barrie, Bradford, Angus Areas:

Simcoe Community Services 39 Fraser Court, Barrie, ON L4N 5J5 Attention: Respite Coordinator
Phone: 705-726-9082 ext. 2259; Fax: 705-726-6875; www.simcoecommunityservices.ca

Orillia, Midland, Collingwood, Allison Areas:

Catulpa Community Support Services 165 Ferris Lane, Barrie ON L4M 2Y1 Attention: Respite Coordinator
Phone: 705-733-3227 ext. 2235; Fax: 705-735-6826; www.catulpa.on.ca