

STUDENT: Complete this section and present to someone who knows you in a professional manner such as a guidance counselor, teacher, employer, or an organization to which you belong (Scouts, Youth Group, Volunteer organization)

To be completed by Student	
Student Last Name	Student First Name
Email	Phone
High School	Grade Entering in Fall
Reference Last Name	Reference First Name
How do you know the Reference:	

REFERENCE: Thank you for helping us consider this candidate for our summer youth volunteer program. Every volunteer must be able to support patients, family members and visitors in a positive and compassionate manner, while maintaining emotional boundaries. We would appreciate your honest input to help us determine the suitability of this student to serve as a volunteer. All information contained on this form will remain strictly confidential.

How long have you know this student and in what capacity? \_\_\_\_\_

Please rate the student on the following areas, using a scale of 1 -5, 1 being a poor ability and 5 being a very good ability.

	Poor		Average		Very Good
Ability to learn/take instructions	1	2	3	4	5
Ability to follow through on assignments	1	2	3	4	5
Ability to perform with minimal supervision	1	2	3	4	5
Ability to get along with peers	1	2	3	4	5
Ability to get along with adults	1	2	3	4	5
Ability to maintain emotional stability	1	2	3	4	5
Ability to maintain a neat appearance	1	2	3	4	5
Ability to have regular attendance	1	2	3	4	5
Ability to communicate well with others	1	2	3	4	5

Would you recommend this student to be a Summer Youth Volunteer?                      Yes      No

Please share any additional comments you feel would be helpful in understanding the abilities of this candidate.

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 Printed Name

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 Signature

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 Date

Please return the completed form to [Arlene.Vukcevic@UHhospitals.org](mailto:Arlene.Vukcevic@UHhospitals.org) or fax to 216.593.5851