

Summer Youth Volunteer Program Reference Form

Reference Form should be completed by someone who knows you from a professional relationship such as a guidance counselor, teacher, someone for whom you have babysat, an organization in which you belong, etc. **Please submit reference form to UHClevelandVolunteer@UHHospitals.org**

Student Name: _____ **Date of Birth:** _____

Phone Number: _____ **Email:** _____

School: _____ **Grade:** _____

I would rate this student as follows:

1. Requires less more about the same amount of instruction as most students.

2. Requires minimal occasional considerable supervision or direction.

3. Does Does not follow through on assignments.

4. Gets along not well well very well with peers.

5. Gets along not well well very well with adults.

6. Has Has not shown adequate emotional stability to work with hospitalized patients.

7. Does Does not exhibit general appearance of neatness.

8. Is Is not regular in school attendance. If not regular, what is the cause of absence/tardiness? _____

9. Has below average average above average communication skills.

I recommend this student be accepted as a Teen Volunteer.

I do not recommend this student be accepted as a Teen Volunteer.

Comments: _____

Signature: _____ Title: _____

Print Name: _____ Phone: _____ Date: _____

Email: _____

All information contained in this form will remain strictly confidential.