Teen Volunteer Applicant School Recommendation/Parental Consent Form

Each student who applies for volunteer service *is required to have a recommendation from a school counselor or teacher, along with parental/guardian consent.* We would appreciate your evaluation and comments to help us choose teen volunteers who will best benefit from our program and serve our organization. Please return the completed form below and either return it to the student or mail directly to: **Volunteer Services**, **University Hospitals Geauga Medical Center**, **13207 Ravenna Rd, Chardon, Ohio 44024.**

Thank you for your assistance,
Volunteer Services Department
(

University Hospitals
Geauga Medical Center
A Campus of UH Regional Hospitals

Parent/Guardian Consent: I authorize the release of information from my son's/daughter's school to the Volunteer Services Department of UH Geauga Medical Center and consent to their application for volunteer service.

Parent/Guardian Signature_____Date_____

School Recommendation:

Student Name_____Grade _____
(Print name)

	Excellent	Good	Average	Below Average
Attendance				
Scholastic Record				
Dependability				
Courtesy				
Willingness				
Initiative				

Could volunteer activity in any way negatively affect this student's school performance?

_____

Other Comments: _____

Counselor/Teacher
Signature_____Title_____

School_____ _____Date_____