

## Youth Volunteer Teacher/School Counselor Reference Form

You have been selected as a reference by a student making application to the Stormont Vail Health youth volunteer program. Your input is very important. We are looking for students who are interested in pursuing a health career, will appreciate this experience, are respectful of others and team players. All responses will be kept confidential and will be used only for consideration into the volunteer program.

**Applicant Name:** \_\_\_\_\_

**School name:** \_\_\_\_\_

Permission is granted to send the following information to Stormont Vail regarding the above named applicant.

**Applicant Signature:** \_\_\_\_\_

To be completed and returned by the **applicant**

To be completed and returned by the **teacher** to the Volunteer Services Dept.

	<b>1 Poor</b>	<b>2 Fair</b>	<b>3 Average</b>	<b>4 Above Average</b>	<b>5 Excellent</b>
<b>Group Participation/Team Player</b>					
<b>Respectful of Others</b>					
<b>Cooperation/Attitude</b>					
<b>Promptness/Attendance</b>					
<b>Character</b>					
<b>Motivation</b>					
<b>Initiative</b>					
<b>Reliability</b>					
<b>Leadership Ability</b>					
<b>Overall rating</b>					

Do you recommend this student to be a volunteer? (Use 1-5 scale above) \_\_\_\_\_

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

Teacher/School Counselor Name: (please print) \_\_\_\_\_

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Daytime Phone Number: \_\_\_\_\_

**Please return completed reference to:**

Fax: (785) 354-5812, Attn. Beverly Rice, e-mail [volunteerdept@stormontvail.org](mailto:volunteerdept@stormontvail.org) or mail: Stormont Vail Health, Beverly Rice, Director of Volunteer Services, 1500 SW 10<sup>th</sup> Street, Topeka, KS 66604.

For questions, call 785-354-6095.