

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.

To be
completed
by the
applicant

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
teacher to
the
Volunteer
Services
Dept.

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

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. Volunteer Department e-mail volunteerdept@stormontvail.org

or mail: Stormont Vail Health, Volunteer Services, 1500 SW 10th Ave., Topeka, KS 66604.

For questions, call 785-354-6095.