



Teacher/Counselor Recommendation for 2018 Junior Volunteer Program

School Name and Address:

\_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

CRH Volunteer Services is seeking students as applicants for the Summer 2018 Junior Volunteer Program who are responsible, dependable, caring, with the ability to provide high-quality service to our patients, guests and staff. We ask that you carefully consider the criteria when evaluating your student. Thank you for taking the time to complete this recommendation. Please return it to your student in a sealed envelope, mail it to CRH (address below), or FAX it to 312-6280.

Please circle the appropriate rating:

Table with 6 columns: Category (School Attendance, Punctuality, Conduct, Dependability, Follows Instructions, Accepts Responsibility, Shows Initiative) and 6 rating options (Excellent, Good, Average, Fair, Poor).

Scholastic Average ( ) 77-85 ( ) 86-92 ( ) 93-100

Do you recommend this student as an applicant for the CGH Junior Volunteer Program? ( ) Yes ( ) No

Comments:

\_\_\_\_\_

Name & Position:

\_\_\_\_\_

Signature:

Date: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\*\*\*If you have questions, please contact: Nancy Elliott, Director Volunteer Services Chesapeake Regional Healthcare 736 Battlefield Blvd. North Chesapeake, VA 23320 Phone: (757) 312-6109 or Fax: (757) 312-6280