



Teacher/Counselor Recommendation for 2019 Junior Volunteer Program

School Name and Address:

Student's Name: _____ Grade Level: _____

CRH Volunteer Services is seeking students as applicants for the Summer 2019 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:

School Attendance	Excellent	Good	Average	Fair	Poor
Punctuality	Excellent	Good	Average	Fair	Poor
Conduct	Excellent	Good	Average	Fair	Poor
Dependability	Excellent	Good	Average	Fair	Poor
Follows Instructions	Excellent	Good	Average	Fair	Poor
Accepts Responsibility	Excellent	Good	Average	Fair	Poor
Shows Initiative	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
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