

Junior Volunteer School Recommendation

We welcome applications of any race, color, sex, age
Religion, creed, disability, ancestry or national origin.

Student last name _____ Student first name _____ Date _____

Address (street, city, state and zip code) _____

This applicant has expressed her/her desire to volunteer at The Christ Hospital. We would appreciate your opinion of your student's suitability to perform the services of a hospital volunteer. The following qualities in a volunteer contribute to the success of our program.

Please check the appropriate box

	1 Poor	2	3	4	5 Very Good
Dependability	1	2	3	4	5
Scholastic Standing	1	2	3	4	5
Mental/Physical Alertness	1	2	3	4	5
Punctuality	1	2	3	4	5
Accuracy of Work	1	2	3	4	5
Positive Judgment	1	2	3	4	5

Please add any comments you feel would be helpful in our evaluation of this student.

School: _____ Date _____

Signature: _____ () Teacher () Counselor () Other

You may return this form directly to
The Christ Hospital Volunteer Services Department
2139 Auburn Ave
Cincinnati, OH 45219
Or
volunteer@thechristhospital.com (preferred)