HIGH SCHOOL STUDENT VOLUNTEER RECOMMENDATION FORM

(AT LEAST TWO RECOMMENDATIONS REQUIRED FOR HIGH SCHOOL STUDENTS)

______________________________________, who is applying to Anne Arundel Medical Center Volunteer Program, has the following attributes that demonstrates his/her ability to be a good team member:

Describe the reliability and willingness of the applicant. In your opinion, will he/she be able to commit to volunteering at a hospital?

Has the applicant maintained regular school attendance? Yes No

Volunteers who work in our hospital tend to have frequent contact with very sick people and their families. In light of his/her personality and current level of maturity, do you feel comfortable recommending the applicant for placement in a hospital setting? Why or why not?

Teacher, Guidance Counselor, or Principal Signature: ________________________________

Printed Name: ________________________________ Date: __________________

Title: ________________________________ Phone Number: __________________

Email: ________________________________

School Name: ________________________________