BON SECOURS MARYVIEW MEDICAL CENTER

Teacher Recommendation for Student Volunteer Program

School Name:							
Student Name:							
Bon Secours Maryview Medica Student Volunteer Program. We with the ability to provide high- We ask that you carefully consi- complete this recommendation. Maryview Medical Center (addi	e are looking for a quality service to der the criteria w Please return it to ress below) or FA	student a o our pati hen eval o your st AX it to	ipplicants wients, visitor uating your adent in a s	ho are in the student ealed ealed	responsible, d staff. t. Thank you f	ependable, caring for taking the time	e t
Please circle the appropriate rati	ing for this stude	nt:					
School Attendance Punctuality Conduct Dependability Follows Instructions Accepts Responsibility Shows Initiative Scholastic Average (Do you recommend this student () Yes () No	Excellent Excellent Excellent Excellent Excellent Excellent Excellent Excellent Excellent			Fair Fair Fair Fair Fair Fair	Poor Poor Poor Poor Poor Poor Poor Poor	olunteer Program	1?
Comments:							
Teacher Name:						-	
Class name:						_	
Signature:						-	
Business Telephone:						-	

If you have any questions please contact Sherry Hill at the number or email below.

Bon Secours Maryview Medical Center Sherry Hill, Director Volunteer Center 3636 High Street Portsmouth, VA 23707 757-398-2314 (office) 757-399-2758 (fax) sherry_hill2@bshsi.org