

# MARY IMMACULATE HOSPITAL

## Teacher/Counselor Recommendation for Junior Volunteer Service

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

Date \_\_\_\_\_  
GPA \_\_\_\_\_

Please rate the student as indicated:

	Excellent	Good	Average	Fair
School Attendance				
Punctuality				
Conduct				
Dependability				
Accepts Responsibility				
Shows Initiative				
Social Interaction Skills				
Follows Directions				

Describe how this student interacts with other students and adults.

\_\_\_\_\_

If you were responsible for providing visitors with courteous, personalized service and accurate information, would you have reservations about having this student represent you?

Why or Why not?

\_\_\_\_\_

How do you think the hospital would benefit from this student's participation?

\_\_\_\_\_

Comments:

\_\_\_\_\_

Teacher's Name: \_\_\_\_\_  
School Phone: \_\_\_\_\_

School: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**Please return in a sealed envelope or fax to:**

Gwen Appleton  
Volunteer Office  
2 Bernardine Drive  
Newport News, VA 23602

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