



To: School Guidance Counselors
 From: Julie Chrysler, M.Ed, Director of Education/Volunteers/Employee Health
 Re: Volunteer Reference Form
 Date: May 5, 2017

Each applicant for our VolunTeen program has been asked to notify your office of his/her interest in becoming a volunteer. Please complete and return this form for each potential volunteer. You may mail or fax the form. Thanks you for your cooperation.

Student's Name: _____

School: _____

Please rate the student on a scale from 1-10 in the following areas:

	<u>POOR</u>	<u>AVERAGE</u>	<u>OUTSTANDING</u>
1. Good attendance/reliability	1 2 3	4 5 6 7	8 9 10
2. Responsibility/Commitment	1 2 3	4 5 6 7	8 9 10
3. Ability to follow directions	1 2 3	4 5 6 7	8 9 10
4. Attitude/Enthusiasm	1 2 3	4 5 6 7	8 9 10
5. Self Motivation	1 2 3	4 5 6 7	8 9 10
6. Good Manners/Neatness	1 2 3	4 5 6 7	8 9 10
7. Communication Skills	1 2 3	4 5 6 7	8 9 10

Highly recommend: _____

Recommend with reservations: _____

Not recommended: _____

Signed: _____
 (School counselor)

Date: _____

Return to: Julie Chrysler, Director of Education/Volunteers/Employee Health
 Rome Memorial Hospital
 1500 N James Street
 Rome, NY 13440
 Fax: 315/338-7526 jchrysler@romehospital.org