



STUDENT VOLUNTEER REFERENCE FORM

Applicant Name: _____

School: _____

Teacher completing reference form: _____

This student has applied to be a volunteer at Gillette Children's where we specialize in meeting the medical needs of children and adults with brain, bone and movement conditions needing specialized expertise. Your response to the following questions will help us to evaluate this student's abilities and suitability for this kind of volunteer work.

According to your records and knowledge of the student, please rate them on the following:

	Truly Exceptional	Above Average	Average	Below Average	Needs Improvement	Unknown
Attendance at school/punctuality						
Ability to learn/take initiative						
Ability to work with others						
Appropriate response to stressful situations						
Ability to make a commitment and follow through						
Respectful communication with others						
Interaction with diverse/disabled peers and others						

Additional comments: _____

What is your overall recommendation for this Applicant?

- Highly Recommend
- Recommend
- Recommend with Reservations
- Not Recommended

Teacher's Signature: _____ Phone: _____

Parents: State and federal legislation requires schools have parental/guardian consent to release information regarding students. Please sign this form and have student give it to a teacher or school counselor to complete.

Parent/Guardian Signature: _____ Date: _____

Return form by email to: volunteer@gillettechildrens.com

Summer Program/Student Volunteer Reference Form