

Summer Teen Program Recommendation Form

Student Name: _____

Thank you for taking the time to provide a recommendation for the HonorHealth Summer Teen Volunteer Program. Teens in the program will be engaging with patients, their families, HonorHealth professional staff and other volunteers during their service. Our teen volunteers must demonstrate leadership qualities, excellent customer service skills and be comfortable working with diverse populations.

The questions below are to help us better get to know the applicant. If you would like to provide additional information on the student, or a one-page letter of recommendation, you can attach them to this document. **This form and any additional information should be returned to the applicant.** If you are uncomfortable with the applicant viewing this evaluation, we ask that you decline to complete the recommendation.

Recommender Name _____ Phone _____

E-mail _____ Relationship to applicant _____

Length of time you have known the applicant _____

	Exceptional	Excellent	Good	Fair
Approachable, easy to engage in conversation				
Follows Instructions				
Integrity/Trustworthiness				
Shows Initiative				
Accept direction and constructive criticism				

Why do you believe this applicant will be a valuable volunteer at HonorHealth?

At HonorHealth we expect a high level of customer service from our volunteers. Please speak to the applicant's character and ability to connect with others.

Additional comments:
