



High School Volunteer Recommendation Form

As a part of a student’s application to volunteer at St. Elizabeth Healthcare, a recommendation form from a teacher, school counselor or administrator is required. To assist this student in their application to volunteer, please complete the form below.

ALL INFORMATION IS CONFIDENTIAL

Student’s Name: _____

Your Name: _____

School: _____ Length of time known student: _____

Relationship to student: _____

Please briefly describe why you are recommending this student to be a volunteer at St. Elizabeth:

Please rate your experience with this student regarding the following statements:

This student...	<i>Superior</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Comments</i>
<i>is dependable</i>					
<i>uses good judgment</i>					
<i>relates well to others</i>					
<i>presents neat appearance</i>					
<i>has patience with others</i>					
<i>accepts instruction</i>					
<i>completes their work</i>					
<i>does quality work</i>					
<i>respects confidentiality</i>					
<i>communicates well</i>					

Would you recommend this student to volunteer in a hospital setting? ___Yes ___No

We appreciate your comments on this student’s application to volunteer at St. Elizabeth!