

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 include them with this document. **This recommendation form and any other documents should be given to the student for them to submit with their completed application.**

Recommender Name: _____ **Phone:** _____

E-mail: _____ **Relationship to applicant:** _____

Length of time you have known the applicant: _____ **Signature:** _____

	Exceptional	Excellent	Good	Fair
Approachable, easy to engage in conversation				
Follows instructions to completion				
Integrity/trustworthiness				
Shows initiative				
Accept direction and constructive feedback				

Our volunteers interact with the patients and families at a time when they are generally experiencing heightened emotions. Based on this, what do you see in the applicant that would make the successful in this environment?

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:
