

CATHOLIC MEDICAL CENTER VOLUNTEER RESOURCES CONFIDENTIAL REQUEST FOR TEEN RECOMMENDATION

Each teen applicant who applies to become a student volunteer at CMC must supply two recommendations. These must be provided by individuals *other than family members*. For example; Employers, Teachers, Guidance Counselors, Coaches, Neighbors, etc. would all be appropriate individuals to provide a recommendation.

To Whom It May Concern:

We would appreciate your evaluation and comments to help us choose candidates who will best fit our program and serve our organization and its clients. This information will be kept confidential.

Thank you for your assistance.

Susan Tremblay
Director, Volunteer Resources

Please mail the completed form to:

Catholic Medical Center
Volunteer Resources Dept.
100 McGregor Street
Manchester NH 03102
or fax to 663-2019

APPLICANT'S NAME: _____ GRADE IN SCHOOL:(If known) _____

Please indicate your rating of the applicant's attributes:

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	UNABLE TO RATE-NOT KNOWN
Ability to learn new skills	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____	_____
Accepts direction/supervision	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Courtesy	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Independent judgement	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Scholastic Record	_____	_____	_____	_____	_____

COMMENTS: _____

SIGNATURE: _____

NAME: (Please print) _____

TITLE:(Please print) _____

TELEPHONE: _____

DATE: _____