



Charles Cole Memorial Hospital
Junior Volunteer Recommendation

Thank you for your help with this student's Junior Volunteer application. Please sign the reference form noting a telephone number where you can be reached and return the form to:

Jennifer Rossman, Volunteer Services Coordinator
Charles Cole Memorial Hospital
1001 E. 2nd Street
Coudersport, PA 16915
(814) 260-5550

- | | | Yes | No |
|----|--|--------------------------|--------------------------|
| 1. | Does the applicant have a willingness to learn and then do a job thoroughly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is the applicant likely to drop out of the program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is the applicant usually dependable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Does the applicant need constant supervision to get a job done? | <input type="checkbox"/> | <input type="checkbox"/> |

Please rate the following:	Good	Average	Poor
School attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental alertness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall grade average	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree of maturity compared to those of same age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information which may help determine appropriate placement.

- I () **strongly recommend** this student for Junior Volunteer service.
- () **recommend**
- () **recommend with reservations (please explain)**
- () **do not recommend**

Name (print)

Signature

Occupation & Place of Employment

Date

Telephone Number

Applicant's Name