

# Student Volunteer Reference Form

Volunteer Applicant

First Name (print)

Last Name (Print)

Phone

School

## REFERENCE

This student has applied to be a VolunTeen for the summer of 2019 at Perham Health. Your reference as the student's teacher or counselor will help us evaluate this student's interest, which will allow us to make an accurate volunteer placement. If additional space is needed, please include a typed attachment to this form.

According to your records and knowledge of the student, please rate them on the following by placing an "X" in the box that best represents the student:

	Truly Exceptional	Above Average	Average	Below Average	Needs Improvement	Unknown
Attendance at school/punctuality						
Ability to learn/take initiative						
Ability to work with others						
Appropriate response to stressful situations						
Ability to make a commitment and follow through						
Respectful communication with others						
Interaction with diverse/disabled peers and others						

Additional Comments:

Reference First Name (print)

Last Name (print)

Title

School/Organization

Phone (work)

Reference Signature

Date

## PARENT/GUARDIAN

State and Federal Legislation requires that schools must have parental consent to release information regarding students. Please sign this form and have your daughter/son acquire the requested information from their teacher or counselor.

My child \_\_\_\_\_ has my consent to serve as a volunteer at Perham Health.

Parent/Guardian First Name (print)

Last Name (print)

Parent/Guardian Signature

Date