

Junior Volunteer Program

(Teacher, Counselor, Pastor, Coach, etc. Not a Relative.)

NAME OF APPLICANT: _____ AGE: _____

RECOMMENDATION

The above-named student is applying to be a volunteer at Mercy Hospitals. In compliance with The Joint Commission and Dignity Health, each student is required to submit three references in order to participate in the Junior Volunteer Program. Please complete and return this form in a **sealed envelope**, as it becomes part of the student's application packet.

Date: _____

Print Name

Position: _____

Signature

Organization: _____

Daytime Phone

	Excellent	Above Average	Average	Below Average	Unsatisfactory
Attendance					
Ability to get along with others					
Dependability					
Follows Instructions					

Do you have any concerns about this student in regards to honesty, integrity or confidentiality?

Yes **No**

Additional Comments: _____
