

# 2019 Teen Volunteer Confidential Reference

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Counselor or Teacher:

A student applying for the 2019 Teen Volunteer Program at Tampa General Hospital and offsite locations must have this recommendation form submitted from a school representative no later than Friday, February 22nd by 3:30 p.m. via email to teen\_program@tgh.org or faxed to (813) 844-1820. Your candid evaluation and comments are greatly appreciated.

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My knowledge of the applicant’s character and/or competence is based on:

[ ]  As a teacher

 [ ]  As a guidance counselor

Please select the category for each section that would best fit your knowledge of the applicant’s character or competence.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | Excellent | Good | Average | Fair | Poor | Unknown |
| Ability to accept supervision and direction graciously |   |   |   |   |   |   |
| Ability to be flexible and adaptable according to changing needs |   |   |   |   |   |   |
| Ability to comprehend and follow directions |   |   |   |   |   |   |
| Ability to cope under pressure |   |   |   |   |   |   |
| Ability to exhibit warmth, empathy and patience |   |   |   |   |   |   |
| Ability to maintain confidentiality |   |   |   |   |   |   |
|   | Excellent | Good | Average | Fair | Poor | Unknown |
| Ability to problem solve |   |   |   |   |   |   |
| Ability to promote a positive image of a TGH Teen Volunteer through professional conduct, appearance and communication |   |   |   |   |   |   |
| Ability to work independently and will ask for clarification on assignments/tasks as needed |   |   |   |   |   |   |
| Dependability (attendance, punctuality) |   |   |   |   |   |   |
| Has clear written and/or communication skills when interacting or providing information to others |   |   |   |   |   |   |
| Listening Skills |   |   |   |   |   |   |
| Treats others with respect, kindness and dignity at all times |   |   |   |   |   |   |

Please check one of the below:

[ ]  Recommend without reservations

[ ]  Recommend with the following exceptions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[ ]  Do not recommend and please explain below.

Additional Comments:

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Signature of person completing this form Print name and title/credentials

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Email