



**NORTHSIDE HOSPITAL
CHEROKEE
AUXILIARY**

2023 Summer VolunTeen Program
VolunTeen Applicant Teacher Recommendation
Form #2

Student Applicant's Name: _____

Teacher Information:

Name: _____

Subject: _____

Email and Phone Number: _____

To the Recommending Teacher: The student listed above is applying to the Northside Hospital Cherokee VolunTeen Summer Program. Our hospital is a service centered facility dealing with the medical needs of the community. Maturity is required in handling given assignments. We would appreciate your insight about the student's responsibility and dependability as well as his/her maturity.

Please place this form in a sealed envelope and place your signature across the seal. Return to the Student so they can include it with their application packet.

On a scale from 1 to 5, rate the applicant on the following items.

1=Strongly Disagree 2=Disagree 3=Unknown 4=Agree 5=Strongly Agree

- | | |
|--|-----------|
| I know the applicant very well. | 1 2 3 4 5 |
| I can depend on the applicant to complete assigned task without prompting. | 1 2 3 4 5 |
| The applicant acts maturely around both his/her peers and adults. | 1 2 3 4 5 |
| There are no behavioral issues with the applicant. | 1 2 3 4 5 |
| The applicant will have no trouble adhering to all policies & procedures, including the restriction of cell phone usage in the hospital. | 1 2 3 4 5 |
| The applicant adapts well to new situations | 1 2 3 4 5 |

Additional Comments:

Teacher's Signature: _____ **Date:** _____

Thank you for taking the time to complete this form.

Lori.Campbell@Northside.com
Volunteer Services Manager
Northside Hospital Cherokee