



Teen Volunteer Confidential Reference

Name of Applicant: _____

Dear Counselor or Teacher:

A student applying for the 2020 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 28, 2020 by 3:30 p.m. The form must be turned in with the student's application in a sealed and signed envelope.

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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to be flexible and adaptable according to changing needs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to comprehend and follow directions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to cope under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to exhibit warmth, empathy and patience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to maintain confidentiality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to problem solve:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(continued)

	Excellent	Good	Average	Fair	Poor	Unknown
Ability to promote a positive image of a TGH Teen Volunteer through professional conduct, appearance and communication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently and will ask for clarification on assignments/tasks as needed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability (attendance, punctuality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has clear written and/or verbal communication skills when interacting or providing information to others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats others with respect, kindness and dignity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check one of the below:

- Recommend without reservations.
- Recommend with the following exceptions: _____

- Do not recommend and please explain below.

Additional Comments:

Signature of person completing this form

Print name and title/credentials

Telephone

Email