



RECOMMENDATION FORM INSTRUCTIONS

SUMMER 2020 ONLY

Thank you for your willingness to complete the recommendation on behalf of this applicant to volunteer for CONNECTICUT CHILDREN'S MEDICAL CENTER. Our Summer Volunteer Program offers mature teens an opportunity to be of service to our patients, families and staff.

Our decisions on who to accept are based on matching the needs of our Hospital. We rely on recommendations, such as yours, in helping us identify those who will both match and benefit from our program.

Here are some of the criteria we are looking for in an applicant:

- Has a strong need to be of service
- Demonstrates an ability to "make the most" of learning opportunities
- Is mature, self-directed
- Is intellectually capable, although academic performance per se is not a factor in admission
- Has demonstrated behaviors suggestive of the desire to make a positive contribution (i.e. volunteering, tutoring)
- Demonstrates regard for others, empathy, natural courtesy in daily interactions

Thank you,

Volunteer Services Department



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Name of Applicant: _____

1. How long have you known the applicant and what is your relationship?

2. Using the chart below, please rate the applicant relative to others you have known in a similar capacity.

	Outstanding	Excellent	Good	Fair	Poor	Not Observed
Ability to follow instructions						
Compassion for others						
Demonstrates dependability						
Demonstrates responsibility						
Maturity						
Ability to work with others.						
Ability to work independently						
Demonstrates enthusiasm in performing assigned tasks						
Attitude toward constructive criticism						
Positive Attitude						

Today's Date _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please use the reverse for any additional comments.