

SCHOOL RECOMMENDATION OR COPY OF LAST REPORT
PARENT OR LEGAL GUARDIAN'S CONSENT

PARENTAL CONSENT: I authorize the release of information from my son/daughter's school record to the Volunteer Resources Department of TriHealth, Inc. (Bethesda North and/or Good Samaritan Hospitals).

Parent/Legal Guardian Signature _____ Date _____

Dear Counselor or Teacher,

Each student who applies for volunteer work at TriHealth must have a recommendation from a counselor teacher at his/her school. This input helps us choose candidates who stand to gain the most from our program as well as contribute the most to our mission of service to customers. We would appreciate your evaluation and comments. Please be assured that all information submitted on this form will be kept confidential.

Please return the completed form to the student or in the self-addressed postage-paid envelope provided, whichever you prefer. Thank you for your assistance.

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Student's Name: _____ Current Grade: _____

Rank from 5-1 with 5 as highest rating.

	<u>Highest</u>				<u>Lowest</u>
	5	4	3	2	1
Dependability/Punctuality	_____	_____	_____	_____	_____
Scholastic Standing	_____	_____	_____	_____	_____
Ability to grasp oral or written instructions	_____	_____	_____	_____	_____
Willingness/Initiative to help	_____	_____	_____	_____	_____
Quality of work	_____	_____	_____	_____	_____

Does the student have any particular qualities, abilities, or skills and/or special needs?

ADDITIONAL COMMENTS _____

SCHOOL _____

SIGNATURE _____ TITLE _____