

You have been chosen to provide a reference for \_\_\_\_\_, who has applied to be a High School Student Volunteer at Texas Health Presbyterian Dallas. Place completed reference in an envelope, tape it, sign across the tape and return to the student. Please do not email or mail in this reference form. If you have any questions, you may reach Volunteer Services at 214-345-7582.

Sincerely,

Jacqueline Villanueva, Coordinator, Volunteer Services

[JacquelineVillanueva@TexasHealth.org](mailto:JacquelineVillanueva@TexasHealth.org)

1. How long have you known this student and in what capacity? \_\_\_\_\_

\_\_\_\_\_

2. What qualities does this student possess that will make him/her a good volunteer?

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

3. Would this student be good working with or around patients? \_\_\_\_\_

Why or why not? \_\_\_\_\_

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

4. Please rate the student in each of the following areas:

	Excellent	Good	Average	Fair	Needs Improvement
<b>Dependable</b>					
<b>Trustworthy</b>					
<b>Punctual</b>					
<b>Takes Initiative</b>					
<b>Personal Appearance</b>					
<b>Follows Instruction</b>					
<b>Accepts Feedback</b>					
<b>Compatible w/ Peers</b>					
<b>Compatible w/ Adults</b>					
<b>Team Player</b>					
<b>Maturity</b>					
<b>Outgoing</b>					

5. What other information can you give us that will enable us to offer the best volunteer assignment possible? \_\_\_\_\_

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

Signature

Date

Print Name

Phone #