



**2022 NAMC Teen Volunteer Program Recommendation Form**

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|---|---|
| <p>Teenage Applicant</p> <p>Complete this portion prior to giving this form to the reference.</p> | <p>Applicant's Name _____</p> <p>Current Grade: _____ D.O.B. _____</p> <p>I grant permission to release the following information to the NAMC Volunteer Services Program.</p> <p>Signature _____ Date _____</p> |
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**Instructions for Reference:**

- Complete the survey below in reflection of the candidate's ability to participate successfully in a medical setting.
- Return back to the student in a sealed envelope with the student's name and your name on the outside.

Reference Name Printed: \_\_\_\_\_

Email: \_\_\_\_\_ May we email you questions? Yes No

Relationship with student: \_\_\_\_\_ how long? \_\_\_\_\_

|  | Excellent | Very Good | Average | Okay | Poor |
|--|-----------|-----------|---------|------|------|
| Is the applicant dependable and does he/she take ownership?  | 5         | 4         | 3       | 2    | 1    |
| Is the applicant mature enough to interact with hospitalized patients and/or families in a professional environment?               | 5         | 4         | 3       | 2    | 1    |
| Does the applicant follow directions and complete assigned tasks?  | 5         | 4         | 3       | 2    | 1    |
| Does the applicant take initiative and find productive ways to fill time?  | 5         | 4         | 3       | 2    | 1    |
| Does the applicant communicate well with peers and adults?   | 5         | 4         | 3       | 2    | 1    |
| Has the applicant demonstrated an understanding of the importance of time by arriving promptly and being considerate of deadlines? | 5         | 4         | 3       | 2    | 1    |
| What level of candidate is this student for the NAMC Volunteer Program at this time?   | 5         | 4         | 3       | 2    | 1    |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_