



**2025 NAMC Teen Volunteer  
Program Recommendation Form**

<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: \_\_\_\_\_