



**Confidential Recommendation:**  
Volunteer Application

**Parental Consent:**

I authorize the release of information from my son/daughter's records to the Volunteer Services Department of Premier Health.

Parent's Name: (please print) \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student's name: \_\_\_\_\_ Grade Level \_\_\_\_\_

Each student who applies to volunteer at the hospital must have a recommendation, preferably from a teacher or counselor at his/her school. We would appreciate your evaluation and comments to help us choose candidates who will benefit from our program, and who will best serve our organization, our patients and guests.

Many of our volunteers work in direct contact with patients or their families and perform a variety of tasks without constant supervision. We would appreciate your appraisal of this candidate. This procedure was designed to safeguard patients and to protect the hospital from damaging incidents, as well as to protect a person who is interested in volunteering, but not physically, emotionally or mentally able to perform the required tasks.

Please return the completed recommendation to the student so they can upload it with their electronic volunteer application. We appreciate your prompt response to help us place this applicant in the appropriate position within the hospital.

	Excellent	Good	Average	Below Average
Attendance	_____	_____	_____	_____
Scholastic	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Courtesy	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Initiative	_____	_____	_____	_____

Comments:

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

Name: \_\_\_\_\_ Title \_\_\_\_\_

School or Organization \_\_\_\_\_ Date \_\_\_\_\_