

School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ GPA: \_\_\_\_\_

*Bon Secours DePaul Medical Center is accepting applications for our Student Volunteer Program. This program offers an opportunity for students to learn the value of community service and become acquainted with the healthcare environment. We are looking for student applicants who are responsible, dependable, caring, with the ability to provide high-quality service to our patients, visitors, and staff. Please carefully consider the criteria when evaluating your student.*

**Please circle the appropriate rating for student applicant:**

School Attendance	Excellent	Good	Average	Fair	Poor
Punctuality	Excellent	Good	Average	Fair	Poor
Dependable	Excellent	Good	Average	Fair	Poor
Follows Instructions	Excellent	Good	Average	Fair	Poor
Accepts Responsibility	Excellent	Good	Average	Fair	Poor
Shows Initiative	Excellent	Good	Average	Fair	Poor
Fulfills Commitments	Excellent	Good	Average	Fair	Poor
Emotional Maturity	Excellent	Good	Average	Fair	Poor
Verbal Communication	Excellent	Good	Average	Fair	Poor
Courtesy/Politeness	Excellent	Good	Average	Fair	Poor
Enthusiastic	Excellent	Good	Average	Fair	Poor

Would you want to encounter the student applicant if you were visiting or admitted to the hospital?

\_\_\_\_\_

\_\_\_\_\_

Do you recommend this applicant as a Student Volunteer? Why or why not?

\_\_\_\_\_

\_\_\_\_\_

Teacher/Counselor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return completed form to your student in a sealed envelop or mail it to the address below:**

Bon Secours DePaul Medical Center  
Attn: Volunteer Services Department  
150 Kingsley Lane | Norfolk, VA 23505

*If you have any questions, please contact the Volunteer Services Department at (757)889-5164*