

BON SECOURS MARYVIEW MEDICAL CENTER
Teacher/Counselor Recommendation for Student Volunteer Program

School Name: _____

Student Name: _____ Grade Level: _____

Bon Secours Maryview Medical Center Volunteer Services is accepting applications for the summer 2020 Student Volunteer Program. 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.

We ask that you carefully consider the criteria when evaluating your student. Thank you for taking the time to complete this recommendation. Please return it to your student in a sealed envelope or mail it to Bon Secours Maryview Medical Center (address below) or FAX it to 757-399-2758.

Please circle the appropriate rating for this student:

School Attendance	Excellent	Good	Average	Fair	Poor
Punctuality	Excellent	Good	Average	Fair	Poor
Conduct	Excellent	Good	Average	Fair	Poor
Dependability	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

Scholastic Average () 70-79 () 80-89 () 90-100

Do you recommend this student as an applicant for the Bon Secours Maryview Student Volunteer Program?

() Yes () No

Comments: _____

Teacher Name: _____

Class name: _____

Signature: _____

Business Telephone: _____ Ext: _____ Email: _____

If you have any questions please contact Sherry Hill at the number or email below.

Bon Secours Maryview Medical Center
Sherry Hill, Director Volunteer Center
3636 High Street
Portsmouth, VA 23707
757-398-2314 (office)
757-399-2758 (fax)
sherry_hill2@bshsi.org