



Fairview Southdale Hospital

REFERENCE FOR JUNIOR VOLUNTEER:

DATE _____

APPLICANT _____

ADDRESS _____

SCHOOL _____

TEACHER _____

This student has applied to be a Junior Volunteer at Fairview Southdale Hospital. It will help us to evaluate this student's abilities and suitability for this kind of volunteer work if you will answer the following questions.

According to your records and knowledge, please comment on the following traits:

1. Attendance at school/punctuality _____
2. Ability to learn/take initiative _____
3. Ability to follow through with assignments _____
4. Ability to work with others _____
5. Appropriate response to stressful situations _____
6. Ability to prioritize and manage multiple tasks _____
7. Ability to make a commitment & follow through _____
8. Respectful communication with others _____
9. Additional comments _____

TEACHER'S SIGNATURE _____ **Phone** _____

Parents: State and Federal legislation requires that schools must have parental consent to release information regarding students. Please sign this form and have your son/daughter turn it in to a teacher or school counselor.

Parent or Guardian Signature

RETURN REFERENCE FORM TO:
Fairview Southdale Hospital Volunteer Services
6401 France Avenue South
Edina, MN 55435