**Recommendation for Summer Teen Volunteer Program**

(Please print or type)

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please complete this form to nominate the above student for UCH Summer Teen Volunteer Program.)

Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: Phone:

(This section to be completed by a teacher, minister, employer, work supervisor or adult friend. You may be contacted by Volunteer Services at UChealth – Metro Denver. Questions? Call Amanda at 720-848-4070.) Please only reference the applicants name at the top, and do not reference gender as we evaluate these applications blindly with no information that could identify the individual.

Relationship to the teen applicant:

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you recommend this student for the Summer Teen Volunteer Program?

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Has this student shown an interest in a career in healthcare?

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Is this student dependable? Do they follow through with their commitments?

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Would this student be tactful in dealing with patients and the public?

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Do you believe this student would complete their full summer commitment of 8 weeks?

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Please return to the applicant above. All application forms must be returned to Volunteer Services and Shadowing.