

Please fax to :

Fax: 989-583-1578

Attention Sarah Knochel



Letter of Recommendation for Covenant High School Volunteer Program

Name of Student: _____

The above named student has given your name as a reference for volunteer service at Covenant HealthCare. Would you please give us your evaluation of the applicant as a candidate for service in the hospital?



How do you know this applicant? _____

Is there a special reason why you feel that this person would be good for service in the hospital? _____

Average grade in academics? _____

Does the student have any physical problems that would interfere with volunteer service?



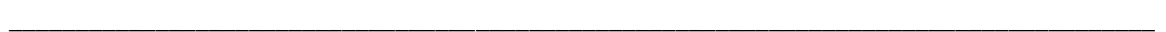
Does this student have any personality problems?



Would you recommend this student for patient/visitor related services? _____

(Please consider warmth of personality, an easy approach to strangers, discretion and judgement, concern for others and the ability to handle confidential information)

What arrangement has been made to give school credit for this service? _____



Do you wish a report on this student's service? _____

Signature/Title: _____ Date: _____

Student's permission to release the above information:

Signature: _____ Date: _____