

VOLUNTEEN PROGRAM

Counselor / Teacher Recommendation Form



INSTRUCTIONS: *Applicant, enter your name below and give this form to your school counselor or one of your teachers to complete.*

Counselor / Teacher, once completed, please email this form to us at kathryn.albright@emoryhealthcare.org On subject line please state "Recommendation for [Applicant's Name]." Please include your contact information in any emails.

_____ has applied for membership in the VolunTeen Program at Emory Johns Creek Hospital. Please comment on this student's record in the following areas. An additional page may be used, if necessary. If you have any questions, please contact Kathryn Albright in the Emory Johns Creek Hospital Volunteer Services Office via email at kathryn.albright@emoryhealthcare.org. Thank you for assisting us in this matter. **Please Print**

Conduct: _____

Ability to follow instructions: _____

Tardiness: _____

Absenteeism: _____

Other information: _____

Please describe why you would or would not recommend this student for the VolunTeen Program:

Counselor's/Teacher's Signature

Counselor's/Teacher's Name (PRINTED)