Northside Hospital Forsyth VolunTeen Program
VolunTeen Applicant Teacher Recommendation Form #2

Applicant's Name: _____

Teacher Information:
Name: _____
Subject: _____
Phone Number: _____

To the recommender: The student listed above is applying to the Northside Hospital Forsyth VolunTeen Summer Program. Our hospital is a service-centered facility dealing with the medical needs of the community. Maturity is required in handling given assignments. We would appreciate your insight about the student's responsibility and dependability as well as his/her maturity. **Please place this form in a sealed envelope and place your signature across the seal.**

On a scale from 1 to 5, rate the applicant on the following items.

1=Strongly Disagree 2=Disagree 3=Unknown 4=Agree 5=Strongly Agree

I know the applicant very well.	**1 2 3 4 5**
I can depend on the applicant to complete assigned task without prompting.	**1 2 3 4 5**
The applicant acts maturely around both his/her peers and adults.	**1 2 3 4 5**
There are no behavioral issues with the applicant.	**1 2 3 4 5**
The applicant will have no trouble adhering to all policies & procedures, including the restriction of cell phone usage in the hospital.	**1 2 3 4 5**
The applicant adapts well to new situations	**1 2 3 4 5**

_____

Teacher's Signature **Date**

Thank you for taking the time to complete this form.

Dianne Baker
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Northside Hospital Forsyth
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