

VOLUNTEER SERVICES

2025 UAB MEDICINE TEEN VOLUNTEER (TVP) RECOMMENDATION FORM

Teenage Applicant Complete this portion prior to giving this form to the reference.	Applicant's Name: _____ Student's Current Grade Level: _____ D.O.B. _____ I grant permission to release the following information to the UAB Medicine Volunteer Services. Applicant's Signature: _____ Date _____
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Instructions:

- Submit a **brief written evaluation and attach to this form** to demonstrate this candidate's ability to participate successfully in a medical setting for three weeks / 9 days @ 7 hours per day.
- Complete the survey below in reflection of your evaluation.
- Return back to the student in a sealed envelope with the student's name and your name on the outside. (The application with recommendation forms is due by **Tuesday, April 1, 2025**. Please help the student meet this deadline).

Reference Name: _____

E-mail: _____ May we email you with questions? Yes No

Relationship with Student: _____; how long? _____

	Excellent	Very Good	Average	Okay	Growth Needed
Is the applicant dependable and does he/she take ownership?	5	4	3	2	1
Is the applicant mature enough to interact with hospitalized patients and/or families in a professional environment?	5	4	3	2	1
Does the applicant follow directions and complete assigned tasks?	5	4	3	2	1
Does the applicant take initiative and find productive ways to fill time?	5	4	3	2	1
Does the applicant communicate well with peers and adults?	5	4	3	2	1
Has the applicant demonstrated an understanding of the importance of time by arriving promptly and being considerate of deadlines?	5	4	3	2	1
What level of candidate is this student for the UAB Teenage Volunteer Program at this time?	5	4	3	2	1

Recommender's Signature _____ Date _____