

VOLUNTEER SERVICES

2024 UAB MEDICINE TEEN VOLUNTEER (TVP) RECOMMENDATION FORM

<p>Teenage Applicant</p> <p>Complete this portion prior to giving this form to your reference.</p>	<p>Applicant's name: _____</p> <p>Student's current grade level: _____ D.O.B _____</p> <p>I grant permission to release the following information to the UAB Medicine Volunteer Services.</p> <p>Applicant's signature: _____</p> <p>Date _____</p>
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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 at 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 **Wednesday, April 3, 2024**. Please help the student meet this deadline.

Reference name: _____

Email: _____ May we email you with questions? Yes No

Relationship with student: _____; How long? _____

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