

LETTER OF RECOMMENDATION

(Applicant's Name) _____ has applied to the Teen Volunteer Program at Cedars-Sinai Medical Center. To help us get to know the applicant, please complete the following recommendation. Please note that no letter of recommendation submitted by a family member or friend will be accepted. Acceptable recommendations are from teachers, counselors, coaches, and mentors. Your evaluation will be an important factor in our selection of the applicant.

We require that the applicant submit the following letter of recommendation as part of our application process. If you are at all uncomfortable with the applicant viewing this evaluation, we ask that you kindly decline to complete the information below.

Name	
E-mail	
Phone	Relationship to Applicant
How long have you personally known the applicant?	
How well do you know the applicant? <input type="checkbox"/> very well <input type="checkbox"/> well <input type="checkbox"/> casually <input type="checkbox"/> other	

PLEASE CHECK THE FOLLOWING:

Personal Characteristics	Excellent	Good	Fair	Poor
Cleanliness, neatness/grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How and why do you think this applicant will meaningfully contribute to Cedars-Sinai Medical Center as a teen volunteer?

Please comment on the applicant's character and maturity: (use reverse side, if needed)

Signature:

Date:
