



**Glendive  
Medical  
Center**

# JUNIOR VOLUNTEER PROGRAM

## Teacher Reference Form

Reference is for \_\_\_\_\_

Reference is given by \_\_\_\_\_

School \_\_\_\_\_

Please NOTE your observations of this student concerning the following:

	Outstanding	Good	Average	Poor
Dependability	_____	_____	_____	_____
Cheerfulness	_____	_____	_____	_____
Helpfulness	_____	_____	_____	_____
Maturity	_____	_____	_____	_____
Can Follow Instructions	_____	_____	_____	_____
Works Unsupervised	_____	_____	_____	_____
Rapport with Adults	_____	_____	_____	_____
Daily Attendance	_____	_____	_____	_____

Is this student often tardy?  Yes  No

Is this student often ill?  Yes  No

Additional comments \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Your comments will be taken into consideration when interviewing this student for a possible volunteer position. If you have any questions or concerns, please do not hesitate to contact: **Colette Barth**, Volunteer Coordinator 345-3363.

**Please mail form to:**

Glendive Medical Center, Volunteer Services  
202 Prospect Drive  
Glendive, MT 59330