



Jacqui Cooley, Volunteer Coordinator

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JUNIOR VOLUNTEER ADULT/TEACHER REFERENCE FORM

Please complete this form as a reference for the individual noted below who has applied to provide volunteer services for Glendive Medical Center. If you have any questions or concerns, please do not hesitate to contact Jacqui Cooley, Volunteer Coordinator, at (406) 345-3363 or jcooley@gmc.org.

Reference is Provided For: _____

Reference is Given By: _____

I know the applicant through: _____

Please note your observations of this individual related to the following:

	OUTSTANDING	GOOD	AVERAGE	POOR
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works Unsupervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teacher Reference:

	OUTSTANDING	GOOD	AVERAGE	POOR
Daily Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this student often tardy?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Any Additional Comments for Consideration:

Printed Name: _____

Adult/Teacher Signature: _____ Date: _____