



**Glendive
Medical
Center**

JUNIOR VOLUNTEER PROGRAM

ADULT/TEACHER REFERENCE FORM *(Two are required with your application.)*

Reference is for _____

Reference given by _____

I know the applicant through: _____

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? (Circle one)	Yes	No		
s this student often ill? (Circle one)	Yes	No		

Additional Comments: _____

Adult/Teacher 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 Volunteer Services at 406-345-3304. Please mail or fax form to: Glendive Medical Center, Volunteer Services, 202 Prospect Dr, Glendive, MT 59330