Volunteer Recommendation

Applicant Instructions:

1. Fill out your name below and give this to two people who are providing your recommendation.
   - It can be completed by any non-relative who is a: School counselor, teacher, employer, minister or other professional.

___________________________
Applicants Name

Recommender Instructions:

1. The person named above has applied to be a volunteer with Penrose-St. Francis Health Services. Your honest assessment will be greatly appreciated.

2. Please provide answers to the following questions and return this form to:

   Penrose-St. Francis Volunteer Services
   2222 N. Nevada Ave.
   Colorado Springs, CO 80907
   Fax: 719-776-7446
   mairinhurtado@centura.org

Name: ____________________________________________________________

Relationship to Applicant (Please check one):

☐ professional  ☐ personal  ☐ spiritual/religious  ☐ other ______________

How long have you known the applicant: __________________________

Phone Number: ___________________

__________________________________  _______________________
Signature                                          Date
1. How does the applicant generally get along with others? Please elaborate on observed social skills.

2. What would you say are this person’s strong points?

3. What would you say are this person’s opportunities for growth?

4. Please check the appropriate box for each category:

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<th>Category</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Unknown</th>
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<td>Compassion</td>
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<td>Respect</td>
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5. Please check one:

- [ ] I would strongly recommend this applicant for a volunteer position.
- [ ] I would recommend this applicant for a volunteer position.
- [ ] I would recommend this applicant with reservations. (Please explain)
- [ ] I would not recommend this applicant. (Please explain)

Additional Comments: