



TEEN VOLUNTEER PROGRAM
High School Counselor or Teacher Reference

Date: _____

Name of High School: _____

Name of School Counselor or Teacher: _____

Student Name: _____

What year is the student? _____ How old is the student? _____

How long have you known this student? _____

What are the career goals of this student (if known)? _____

Do you feel this student is mature enough to work with terminally ill patients? _____

Please explain: _____

Does this student interact/communicate well with other people? _____

Please explain: _____

What qualities does this student possess which would make him/her a good candidate for becoming a volunteer with Hospice of the Valley? _____

Is this student reliable? _____

Why are you recommending this student for the Hospice of the Valley Teen Program? _____

Has this student ever been disciplined or suspended, including but not limited to probation? _____

Please explain: _____

Signature: _____ Date: _____