

Iowa Lutheran Hospital Volunteer Program Reference Form

* Recommendations should be filled out by a teacher, school counselor, coach, employer, or a church leader. Applicants should not be related to the person they are using as a reference.

Name of applicant _____

Phone Number (to be completed by applicant) _____

Students in the Volunteer Program at Iowa Lutheran Hospital help out each week by visiting with patients, delivering cards and flowers, stocking supplies, completing various projects and much more. Volunteers must be responsible, reliable, committed, work well with others and have a positive attitude. We would appreciate your input on the above student. Please make any additional comments below to help in the decision-making process.

	Excellent	Above Average	Average	Below Average	Not Observed
Responsibility					
Maturity					
Adaptability					
Social Skills					
Promptness					
Dependability					
Initiative					
Academic Achievement					

Please check one of the following and provide comments:

- I recommend the above student for the position of teenage volunteer at Iowa Lutheran Hospital. Comments: _____
- I do not recommend the above student for the position of teenage volunteer at Iowa Lutheran Hospital. Comments will remain confidential.

*Please attach a business card if possible.

Signature _____ Date _____

Name _____ Phone _____

Relationship to applicant _____

**Please return directly to:
Volunteer Coordinator
Iowa Lutheran Hospital
700 E University Ave., Des Moines, IA 50316**