

**** GIVE THIS FORM TO A TEACHER OR GUIDANCE COUNSELOR WHO KNOWS YOU WELL! ****

**UNIVERSITY OF CONNECTICUT HEALTH CENTER
DEPARTMENT OF VOLUNTEER SERVICES
SCHOOL REFERENCE FORM**

_____ is applying for the Student Volunteer Program at the University of Connecticut Health Center. Not every student is suited to the discipline of hospital work. Your *frank* evaluation will enable us to select those who will be happy and benefit the most in our program.

1. What grade is the student in? _____
2. How long have you known the student? _____
3. Is the student's academic standing: High Low Average? (Circle)
4. Does this student follow directions well?
5. Is the student highly motivated? Would the volunteer seek out things to do in his/her job, or does the student need close supervision and direction?

6. Is the student: Shy? Outgoing? A leader? A follower? (Please circle those that apply)

7. Please make any additional comments that will help us to place this student.

Signed _____ *Title* _____ *Date* _____

Please print name and school address _____

Phone _____

High School or College Staff:

Thank you very much for your cooperation. All information will be regarded as strictly confidential.

Kindly complete and return as soon as possible. Applicants cannot be scheduled for an interview until this form is received.

**Connie Aloise
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