

Applicants Name: _____

1. How long have you known this student and in what capacity? _____

2. What qualities does this student possess that will make him/her a good volunteer?

3. Would this student be good working with or around patients? _____
Why or why not? _____

4. Please rate the student in each of the following areas:

	Excellent	Good	Average	Fair	Needs Improvement
Dependable					
Trustworthy					
Punctual					
Takes Initiative					
Personal Appearance					
Follows Instruction					
Accepts Feedback					
Compatible w/ Peers					
Compatible w/ Adults					
Team Player					
Maturity					
Outgoing					

5. What other information can you give us that will enable us to offer the best volunteer assignment possible? _____

Signature

Date

Print Name Clearly

Phone Number

Email completed reference to DLTHRWVolunteerServices@texashealth.org with the student's name in the subject line.

PDF format preferred; no google drive docs allowed.

Two references are required as part of the interview process for new applicants.