English or History Teacher Recommendation Form
Atrium Health Stanly
Jr Volunteer

To the teacher: The Volunteers must be responsible and display a high level of maturity. We appreciate and need honest evaluations and assessments of applicants. Volunteers are selected based on their completed application, interview and two teacher’s recommendations. We ask that you complete this recommendation form and seal it in an envelope with your signature written across the seal. Please return the sealed envelope to the applicant. Thank you.

For the student to sign: “I understand that my signature gives my English/history teacher permission to release the following confidential information to the Atrium Health Stanly Volunteer Services Department.”

Signed________________________________ Date________________________
(Student’s Signature)

To be completed by the teacher: Must be from the course that you are currently in

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>School:</td>
<td>Teacher’s Name:</td>
</tr>
<tr>
<td>Course Title:</td>
<td>Course Grade Level:</td>
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For the teacher to sign: “I understand that all information included in this evaluation will be treated as confidential by the Atrium Health Stanly Volunteer Services Department.”

Signed________________________________ Date________________________
(Teacher’s Signature)

Please give honest assessments to the following:

1. Conduct: This student observes good standards of school conduct and obeys school rules.
2. Cooperation: This student works in harmony with others in class and with the teacher in constructive participation in the activities of the class.
3. Persistence: This student adheres to a task seeing it through to completion.
4. Initiative: This student shows resourcefulness, self-reliance and energy in meeting new situations.
5. Attention: This student listens to and follows instructions

You are asked to complete the information on the back of this form also, as it is significant in the total recommendation.
### Please respond to each of the following:

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| 1. | Has this student been subject to any significant disciplinary actions? ____________  
If yes, please explain details: |
| 2. | What is his/her numeric grade in your class for this year/semester? ____________ year  
or ____________ semester |
| 3. | Is this student respected by his or her teachers? ________________ |
| 4. | Is this student respected by his or her peers? ________________ |
| 5. | If you were an employee or patient at Stanly Regional Medical Center, would you  
like to think this young person would be assigned to your area? ____________ |

In the comments section below, you are encouraged to make additional remarks especially as to how they would relate to the answers to questions 4 & 5 above.

**Teacher’s comments:**

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**RECOMMENDING TEACHER:**

You are asked to complete this recommendation form and seal it in an envelope with your signature written across the seal. Please give the sealed envelope to the student to be returned with his/her Volunteer application. If you have any questions in regard to this recommendation, feel free to contact our Volunteer Services office at 704-984-4387. The student’s completed application including this recommendation must be received for the student to be considered for this summer’s program.