



LETTER OF RECOMMENDATION

(Applicant's Name) _____ has applied to the Teen Volunteer Program at Cedars-Sinai Medical Center. To help us get to know the applicant, please complete the following recommendation. Please note that a letter of recommendation submitted by a family member or friend will NOT be accepted. Acceptable recommendations are from teachers, counselors, coaches, and mentors. Your evaluation will be an important factor in our selection of the applicant.

We require that the applicant submit the following letter of recommendation as part of our application process. If you are uncomfortable with the applicant viewing this evaluation, we ask that you kindly decline to complete the information below.

Name _____

E-mail _____

Phone _____	Relationship to Applicant _____
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How long have you personally known the applicant? _____

How well do you know the applicant? Very Well Well Casually Other

PLEASE CHECK THE FOLLOWING:

Personal Characteristics	Excellent	Good	Fair	Poor
Cleanliness, neatness/grooming	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Professionalism	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
Shows initiative	_____	_____	_____	_____
Follows instructions	_____	_____	_____	_____
Accepts constructive criticism	_____	_____	_____	_____
Compatibility with peers	_____	_____	_____	_____
Compatibility with adults	_____	_____	_____	_____

How and why do you think this applicant will meaningfully contribute to Cedars-Sinai Medical Center as a Teen Volunteer?

Please comment on the applicant's character and maturity: (Use reverse side, if needed.)

Signature:

Date:
