



CRESTWOOD VOLUNTEER SERVICES

Teacher/Counselor Recommendation for Summer Teen Volunteer Program

Thank you for taking the time to complete this recommendation. We ask that you carefully consider the criteria when evaluating your student. We are seeking students who are responsible, dependable and caring.

Please return by April 26, 2019 (postmarked by April 23rd):

- **By Mail** to Caty Stokes, Volunteer Services
Crestwood Medical Center, One Hospital Drive, Huntsville, AL 35801
- **By Email (preferred)** to catherine.stokes@crestwoodmedcenter.com

Student's Name:

School:

Grade Level:

Student's Overall GPA:

Please circle/highlight the appropriate rating:

School Attendance	Excellent	Good	Average	Fair	Poor
Punctuality	Excellent	Good	Average	Fair	Poor
Conduct	Excellent	Good	Average	Fair	Poor
Dependability	Excellent	Good	Average	Fair	Poor
Follows Instruction	Excellent	Good	Average	Fair	Poor
Accepts Responsibility	Excellent	Good	Average	Fair	Poor
Shows Initiative	Excellent	Good	Average	Fair	Poor

Do you recommend this student as an applicant for the Crestwood Summer Volunteer Program?

YES

NO

Comments:

Name & Position:

Signature:

Telephone with extension:

Email:

For questions, please contact Caty Stokes at 256-429-4076 or
catherine.stokes@crestwoodmedcenter.com