



Letter of Reference  
Onvida Health Center Jr. Volunteer Program

To be completed by the applicant

Name of applicant: (print \_\_\_\_\_)

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking time to give (Student name) \_\_\_\_\_ a reference. This student is applying to Onvida Health Jr. Volunteer Program. Our goal is to encourage our youth to consider healthcare as a career choice. We feel by giving them an opportunity to observe and participate in different areas within the hospital, they will understand, and hopefully have a desire to impact future healthcare delivery and encourage them to give back to their community.

We interview each and every student who applies for the program as a way of evaluating and selecting those that demonstrate their desire to learn while acting maturely and responsibly.

As an educational leader\* of this student, we believe your input and recommendations are an important part of our evaluation and ask that you complete the reference form below. Thank you in advance for your prompt response and feedback.

*\*Categories of education leaders can be administrator, educator, coach, counselor or minister.*

Skill/Competency	Excellent	Good	Average	Poor
Responsible for actions				
Committed to tasks/learning				
Acts appropriately when given responsibilities/tasks				
Dependability				
Recommendation for Program at Onvida Health	Yes _____ No _____			

Other Comments: \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

**Important:** Please complete and sign the form. It can be return to the student or emailed directly to [volunteerservices@onvidahealth.org](mailto:volunteerservices@onvidahealth.org). Thank you.