Recommendation Form

(Teacher/Administrator/Counselor)



Youth Volunteer Program 2025

Thank you for helping Piedmont Columbus Regional Auxiliary Youth Volunteer Program "Grow Its Own" network of future health care providers. Students ages 14–18 who show a strong interest in health care are encouraged to apply. Those who participate in our Summer Youth Volunteer program will gain hands-on experience, insight into the health care field, interpersonal communication skills, and increase their awareness of the communities in which they live.

Your recommendation will help us to determine the applicant's qualifications and provide an academic/ character perspective. We appreciate your honesty in your evaluation of the applicant, and we ensure it will remain confidential.

Please return this form via email prior to deadline (March 15, 2025) to: Nancy.Williams@piedmont.org

This recommendation form is to be completed by the applicant's teacher, counselor, or other school administrator. It cannot be provided by a relative or legal guardian of the applicant.

ALL INFORMATION MUST REMAIN CONFIDENTIAL (DO NOT SEND via the student or his/her guardian. IF NOT SENT DIRECTLY, IT WILL NOT BE ACCEPTED).

Applicant's name:	GPA:
School name:	County:
Your name:	Job title:
Email:	Phone:

Based on your observations of the applicant, please select which of the following best applies:

Self-sufficient	Always	Usually	Sometimes	Rarely	N/A
Respect for others	Always	Usually	Sometimes	Rarely	N/A
Ability to work independently	Always	Usually	Sometimes	Rarely	N/A
Ability to work well with others	Always	Usually	Sometimes	Rarely	N/A
Takes initiative	Always	Usually	Sometimes	Rarely	N/A
Timeliness/attendance	Always	Usually	Sometimes	Rarely	N/A
Friendliness	Always	Usually	Sometimes	Rarely	N/A
Responsible	Always	Usually	Sometimes	Rarely	N/A
Concern for others	Always	Usually	Sometimes	Rarely	N/A
Communication skills	Always	Usually	Sometimes	Rarely	N/A
Reaction to criticism	Always	Usually	Sometimes	Rarely	N/A
Integrity/trustworthiness	Always	Usually	Sometimes	Rarely	N/A

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To the best of your knowledge, is this student seriously interested in a career in health care?: Yes No

Other comments regarding the applicant's qualifications (feel free to attach as an additional sheet):

Based on the above responses, I do recommend this applicant as a volunteer I do **NOT** recommend this applicant as a volunteer Will this student require financial assistance in order to pay the program fee (\$40)?: Yes No Signature: _____ Date _____

Piedmont Columbus Regional Auxiliary thanks you for your time!

For any questions, contact Piedmont Columbus Regional's volunteer services team: Nancy Williams, Director of Volunteer Services • 706.571.1484 • nancy.williams@piedmont.org Kelsey Kean, Coordinator of Volunteer Services • 706.571.1473 • kelsey.kean@piedmont.org