



Oakwood®

**Young Adult Volunteer
School Reference Form**

Student Applicant's Name: _____ Grade: _____

Parental / Legal Guardian Consent: I authorize the release of information from my son/daughter's school records to the Volunteer Service Department of Oakwood Healthcare System.

Parent / Legal Guardian Signature: _____ Date: _____

Dear School Counselor or Teacher:

Each student who applies for volunteer work must have a reference from school. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program while serving our organization and the recipients of our services. Please return the completed and signed form in a sealed envelope with your signature over the seal, to the applicant so that he/she may bring it with them to the interview. Thank you for your assistance.

Please circle one choice from the following:

Attendance:	Excellent	Good	Average	Below Average
Scholastic Record:	Excellent	Good	Average	Below Average
Dependability:	Excellent	Good	Average	Below Average
Courtesy:	Excellent	Good	Average	Below Average
Willingness:	Excellent	Good	Average	Below Average
Initiative:	Excellent	Good	Average	Below Average
Personal Appearance:	Excellent	Good	Average	Below Average
Honesty:	Excellent	Good	Average	Below Average
Teamwork:	Excellent	Good	Average	Below Average
Self-starter:	Excellent	Good	Average	Below Average

Grade Point Average: _____ Days Absent / Year: _____

Counselor or Teacher Name: (please print) _____

Counselor or Teacher Signature: _____ Date: _____

School Name: _____

School Address: _____

(Please seal completed and signed form in an envelope. Teacher or counselor sign your name over the envelope seal to prevent tampering. The envelope may then be returned to the applicant so he/she may bring it with them to their interview.)