

Dear Guidance Counselor:

Each student applying for a volunteer/internship position is required to have a recommendation from his or her guidance office. We would appreciate your evaluation and comments to help us choose candidates who will best benefit from our program by serving our organization and the recipients of our services. This information will be kept confidential. You may return this form:

By Mail: Debbie Schoch, Volunteer Coordinator RRMC, 160 Allen Street, Rutland, VT 05701

Or By Fax: 747-1620, Attn: Debbie Schoch

Debbie Schoch
Volunteer Coordinator (747-1675)

STUDENT'S NAME: _____ GRADE IN SCHOOL: _____

Please indicate your rating of the student's attributes:

| | EXCELLENT | GOOD | AVERAGE | BELOW AVG. |
|-------------------------------|------------------|-------------|----------------|-------------------|
| Ability to learn new skills | _____ | _____ | _____ | _____ |
| Ability to work independently | _____ | _____ | _____ | _____ |
| Ability to work with adults | _____ | _____ | _____ | _____ |
| Ability to work with peers | _____ | _____ | _____ | _____ |
| Accepts Direction/Supervision | _____ | _____ | _____ | _____ |
| Attendance | _____ | _____ | _____ | _____ |
| Courtesy | _____ | _____ | _____ | _____ |
| Dependability | _____ | _____ | _____ | _____ |
| Independent Judgement | _____ | _____ | _____ | _____ |
| Initiative | _____ | _____ | _____ | _____ |
| Scholastic Record | _____ | _____ | _____ | _____ |

STRENGTHS: _____

WEAKNESSES: _____

COMMENTS: _____

SIGNATURE: _____
TITLE: _____
SCHOOL: _____
DATE: _____