



# Rutland Regional Medical Center

*An Affiliate of Rutland Regional Health Services*

160 Allen Street  
Rutland, VT 05701  
802.775.7111

Dear Guidance Counselor:

Each student applying for a volunteer/internship position is required to have a recommendation from his/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 is kept confidential. You may return this form to:

By Mail: Mike Bache, Supervisor, Volunteer Services, Rutland Regional Medical Center,  
160 Allen Street, Rutland, VT 05701  
By Fax: 802.747.1620, Attn: Mike Bache

Student's Name: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Please indicate your rating of the student's attributes:

	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>BELOW AVG.</b>
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 judgment	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Scholastic record	_____	_____	_____	_____

Strengths:

\_\_\_\_\_

\_\_\_\_\_

Weaknesses:

\_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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

School: \_\_\_\_\_

Date: \_\_\_\_\_