

SHARON  
REGIONAL  
HEALTH  
SYSTEM



VOLUNTEER  
PROGRAM

**Dear Teacher, Guidance Office or Clergy,**

The student listed on the back of this form is applying for the **Teen Volunteer Program** at Sharon Regional Health System and has given your name as a reference. We are asking for your assistance in completing the application process by answering the questions on the back of this form. All information will be kept in strict confidence and will be used in conjunction with other information we receive to determine this applicant's suitability to our volunteer program.

Teen Volunteers provide a valuable service to the hospital and in return, are given the chance to meet new people, observe the many health care career opportunities and learn new skills. Volunteers are highly valued at Sharon Regional as they help to support and enhance our services. We feel that volunteering at Sharon Regional is a privilege and requires a serious commitment of time from dedicated, mature volunteers. The health system has set certain standards which Teen Volunteers must follow which include dependability, punctuality, confidentiality, dignified conduct and the ability to follow health system rules.

We would appreciate your cooperation in completing this reference form and returning it to the Volunteer Office, 740 East State Street, Sharon, PA. 16146

Thank you.

Sincerely,  
*Lynn E. Pyle, CAVS*

Lynn E. Pyle, CAVS  
Volunteer Coordinator

## Teen Volunteer Reference Letter

Teen Volunteer Applicant: \_\_\_\_\_

Name of Teacher, Guidance Officer or Clergy: \_\_\_\_\_

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

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

Church Name: \_\_\_\_\_

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

\_\_\_\_\_

2. Do you place full confidence in the applicant's integrity? \_\_\_\_\_

\_\_\_\_\_

3. To your knowledge, has the applicant experienced any disciplinary problems? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. In which setting do you believe the applicant would be more effective:

\_\_\_\_\_ Working with people (either staff, volunteers or patients ) or

\_\_\_\_\_ Working alone (in a less people oriented setting )

Please explain: \_\_\_\_\_

\_\_\_\_\_

5. Would you recommend the applicant for volunteer services? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Teacher, Guidance Officer or Clergy Signature

\_\_\_\_\_  
Date

Thank You.