



Summer Junior Program – Recommendation Form

The Summer Junior Program provides high school students, ages 15-17, the opportunity to volunteer at Texas Children's Hospital The Woodlands. The program provides a unique and hands-on experience for teens to gain experience supporting patients, families, and staff in a pediatric hospital setting.

Instructions for the Applicant

This is one of TWO recommendations, each applicant must submit. Please print TWO copies of both pages of this form and give to TWO of your teachers, counselors, coach, mentor, etc. to complete. One of the forms must be completed by a current teacher. *Forms completed by relatives will not be accepted.*

Instructions for the Reference

The applicant is applying for a Summer Junior volunteer position with Texas Children's Hospital in The Woodlands. This is a two-page recommendation form, please complete both pages and return it to the student. Students must attach the recommendation form to the volunteer application. The deadline to apply is Wednesday, February 11, 2025, at 5:00 p.m.

Recommendation (page 1 of 2)

(Name of applicant FIRST/LAST) _____ has applied to the Summer Junior Volunteer Program at Texas Children's Hospital. Please complete the following information. Your evaluation will be an important factor in our selection process. All information is confidential and will not be disclosed to other parties.

Name: _____

Address: _____

Phone: _____ Relationship to Applicant: _____

How long have you known the applicant? _____

How well do you know the applicant? (circle one) **Very Well** **Well** **Casually** **Other**

Please check the following:

General Characteristics	Excellent	Good	Fair	Poor
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard-working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation Form (page 2 of 2)

APPLICANT NAME:

1. Please describe the applicant in five words or less (ex. Independent, thinker, reliable, etc.).

2. What can this applicant offer our patients, families, and staff?

3. If you could give the applicant advice on an area of growth, what would your advice be?

4. Why would you recommend this applicant for the summer junior program at Texas Children's Hospital?

5. Is there anything else you would like us to know about the applicant?