



Texas Children's®

## 2026 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 **West Campus**. 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

Each applicant should submit **ONE** recommendation form. Please print and give form to one of your teachers, counselors, coach, mentor, etc. to complete. *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 **West Campus**. This is a two-page recommendation form. Please complete both pages and email them to [wcvolunteerservices@texaschildrens.org](mailto:wcvolunteerservices@texaschildrens.org). Please include the applicant's name in the subject line

The recommendation form should be emailed no later than Monday, February 23 by 11:59pm

### Recommendation (page 1 of 2)

(Name of applicant FIRST/LAST) \_\_\_\_\_ has applied to the Summer Junior Volunteer Program at Texas Children's Hospital West Campus. 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?**