

School Reference form for Thomas Hospital Junior Volunteer Applicants

I give permission for the release of any information and/or records requested by Thomas Hospital.

Date: _____ Name of school: _____

Student name Parent/guardian name

Student signature date Parent/guardian signature* date

**The signature of only one parent/guardian is necessary.*

*****The remainder of this form must be completed and signed by a school representative.*****

The student listed above has applied to volunteer at Thomas Hospital. We appreciate your assistance with answering some questions and adding any additional helpful comments. The permission for the release of confidential information signed by the student and parent is on the top of the form. Thank you for your cooperation by completing this form and returning it to the student.

Student's name: _____ **Cumulative** grade point average: _____

Is this student a responsible individual? YES _____ NO _____

To your knowledge, does this student have any physical and/or emotional issues that could affect their commitment to volunteering? YES _____ NO _____

If yes, please explain:

Any additional comments:

Signature Date Title

PLEASE PROVIDE A CURRENT COPY OF STUDENT TRANSCRIPT

Students or school representatives are asked to **submit this completed form and student transcript no later than WEDNESDAY, APRIL 10, 2024** either with the program's online application at www.thomashospital.org or to **Melita Willkie, Thomas Hospital Manager of Volunteer Services** at melita.willkie@infirmaryhealth.org.