

HIGH SCHOOL STUDENT VOLUNTEER SPONSOR EVALUATION

| Student Name: | | G1 | rade: | |
|--|---------------|---------------|----------------|--|
| Recommendation: | | | | |
| I recommend (do not recomme | end) this stu | dent for volu | nteer service. | |
| Comments: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| School Attendance Record: (1 | Please check | <u>(</u>) | | |
| Excellent () Good () | Fair () | Poor () | | |
| School Academic Record: | | | | |
| Excellent () Good () | Fair () | Poor () | | |
| Characteristics: | Good | Average | Poor | |
| Leadership Ability to follow instructions Cooperation with authority | () | () | () | |
| Ability to follow instructions | () | () | () | |
| Cooperation with authority | () | () | () | |
| Appearance | () | () | () | |
| | | Date: | | |
| (Counselor/Teacher) Sigr | nature | | | |

Please seal in school envelope and return by mail to:

Denise Whitley Volunteer Services Department Palisades Medical Center 7600 River Road North Bergen, NJ 07047 Phone 201 854-5011