## Saint Francis Medical Center 601 Hamilton Avenue \* Trenton, NJ 08629 Student Guidance Reference Form

Students Name:
The student mentioned above has submitted an application to the volunteer department at Saint Francis Medical Center. We request your assistance in determining the student's suitability for placement into our Junior Volunteer program.
Please complete this reference form and return it to Saint Francis Medical Center, Attention: Mission and Ministry Division.
How long have you known this student?
Please rate this student on the following, indicating either excellent, above average, average or below average.
Academic Achievement:
Extracurricular Accomplishments:
Personal Qualities and Character:
Leadership Ability:
Concern for Others:
Reaction to Setbacks:
Has the student been disciplined/suspended/counseled for any reason including but not limited to behavioral issues over the past year. If yes please explain. $\underline{\text{YES}}$ $\underline{\text{NO}}$
I highly recommend this student I recommend this student.
I recommend this student with reservation I do not recommend this student.
Counselor's Name:
Signature: Date:
Office Telephone: ()Email:
High School Name: