

## Junior Volunteers – Mercy Springfield

## **Letter of Reference**

To Whom It May Concern:					
Program. Junior Volunteers is a program that provides opportunity to interact with and assist patients, family by the student to provide a reference. Please provide	students ir members,	and co-worl	the healtho kers. You h	are field th	
Name:	Contact phone number:				
Occupation:					
Relationship to student:					
How long have you known this student?					
Please rate on a scale from 1 (lowest) to 5 (highest) the	e following a	ıreas:			
Responsibility & Maturity	1	2	3	4	5
Eagerness to Learn	1	2	3	4	5
Effective Listening Skills	1	2	3	4	5
Interest in Healthcare	1	2	3	4	5
Why would you recommend this student for the Junior attach a separate sheet if necessary)	Volunteer	program? (F	Please		
Reference Signature:	Date:				
Thank you for completing this reference. Please email ( <u>Jennifer.Elswick@mercy.net</u> )	the comple	ted letter to	Jennifer El	swick.	

**ALL REFERENCES ARE KEPT CONFIDENTIAL** 



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