

March 2018

Dear Teacher / Pastor / Employer / Youth Group Leader:

\_\_\_\_\_ has applied to become a Youth Corps Member at Blessing Hospital for the summer of 2018.

Please rate this young person using the following criteria: **Excellent, Good, Fair or Poor.**

\_\_\_\_\_ Is reliable and has good attendance.

*Comments:*

\_\_\_\_\_ Is friendly and has a positive attitude; is helpful to others.

*Comments:*

\_\_\_\_\_ Dresses appropriately – wears appropriate clothing for school or work, clothing is neat and clean, follows dress code.

*Comments:*

\_\_\_\_\_ Accepts responsibility and follows instructions – completes projects, turns in work on time.

*Comments:*

\_\_\_\_\_ Communicates well with adults and other students.

*Comments:*

\_\_\_\_\_ Shows initiative – occupies their time well and is self-motivated.

*Comments:*

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_

Thank you for taking the time to complete this recommendation. Our Youth Corps members perform an important and responsible service for Blessing Hospital. Your cooperation will assist us in choosing young people who are capable of performing the tasks required. Please send this completed form to Youth Corps, Volunteer Services, Blessing Hospital, P.O. Box 7005 Quincy, IL 62305, fax it to 217-223-2569 (attn. Youth Corps), or scan and email it to [Lynn.Eggersmeyer@blessinghealthsystem.org](mailto:Lynn.Eggersmeyer@blessinghealthsystem.org) by **April 30<sup>th</sup> 2018**. If you have any questions, please feel free to call 223-8400 ext. 6821.

Sincerely,

*Lynn Eggers-Meyer*

Adult Health Corps Coordinator

Volunteer Services Department

217-223-8400 ext. 6821