**Student Volunteer Letter of Recommendation**

Thank you for providing a recommendation for , who has applied to be a Student Volunteer at Texas Health Presbyterian Hospital Allen.

Please email the reference letter to sandratorres@texashealth.org, by March 30, 2025.

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Sincerely,

Sandra Torres

Volunteer Services Manager

972-747-6071

sandratorres@texashealth.org

How long have you known this student and in what capacity? **\_\_\_\_\_\_**

What qualities does this student possess that will make him/her a good volunteer?  **\_\_\_\_\_\_**

Would this student be good working with or around patients? Why or why not?  **\_\_\_\_\_\_**

**Continued recommendation for**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name

Please mark any of the following characteristics that describe this student:

 Dependable  Trustworthy  Mature

 Outgoing  Shy  Team Player

 Leader  Empathic  Assertive

 Self-starter  Needs direction Respectful.

Kind Prompt Aggressive

 Good Student Outspoken Follows Directions

What other information can you provide that will allow us to offer the best volunteer assignment for this student?  **\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Print Name

E-mail address Phone

Date