



## 2026 SUMMER VOLUNTEEN RECOMMENDATION FORM

(To be completed electronically by a Teacher or School Counselor)

TODAY'S DATE: \_\_\_\_\_ NAME OF APPLICANT: \_\_\_\_\_

The above-named applicant is applying to become a volunteer in the 2026 Summer VolunTeen Program at Nemours Children's Hospital, Delaware. Please complete the following reference information and email the completed form to [volunteers@nemours.org](mailto:volunteers@nemours.org).

How long have you known the applicant? \_\_\_\_\_ In what capacity?

Do they relate well with peers? Do they relate well with adults? How?

Please evaluate the applicant related to the following:

	<i>Poor</i> <b>1</b>	<i>Fair</i> <b>2</b>	<i>Good</i> <b>3</b>	<i>Very Good</i> <b>4</b>	<i>Excellent</i> <b>5</b>
Attendance/Punctuality	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Following Directions	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Honesty/Integrity	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Initiative	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
Reliability	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

If you had a sick child in the hospital, would you place them in the care of this individual? ☐ Yes ☐ No

Do you feel their attitude will contribute to our hospital's commitment to service excellence? In what way?

What would you like us to know about the applicant that we haven't asked?

NAME OF REFERENCE: \_\_\_\_\_

REFERENCE'S EMAIL: \_\_\_\_\_

PLEASE NOTE: Email this form to Volunteer Services at [volunteers@nemours.org](mailto:volunteers@nemours.org) as soon as possible but no later than **February 27, 2026**. The student's application is not complete until this form is received.