

**STUDENT RECOMMENDATION FORM**  
**SUMMER COLLEGE VOLUNTEER PROGRAM**



**TO BE COMPLETED BY STUDENT:**

Student Full Name \_\_\_\_\_ College Name \_\_\_\_\_

Major/Concentration area \_\_\_\_\_ Year \_\_\_\_\_

Recommender's name \_\_\_\_\_ Title \_\_\_\_\_

*I freely and voluntarily waive my rights of access to any and all information contained in this recommendation, and agree that any comments below will remain confidential.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY RECOMMENDER:**

*(Only recommendations from professional sources will be accepted: teacher, professor, guidance counselor, supervisor, coach, mentor, etc)*

1. How long have you know the student, and in what capacity?

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

2. How would you compare the student to other college students? (Circle one, 1=Below Average, 2=Average, 3=Above Average, 4=Excellent, 5=Outstanding)

Analytical Skills	1	2	3	4	5
Verbal Skills	1	2	3	4	5
Growth Potential	1	2	3	4	5
Initiative	1	2	3	4	5
Intellectual Skills	1	2	3	4	5
Compassionate Nature	1	2	3	4	5

3. Do you think this student has sufficient maturity and integrity to volunteer at a cancer treatment institute?  Yes  No

If you have indicated No, please elaborate:

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

4. Please tell us about the student. We are particularly interested in the student's intellectual promise, motivation, maturity, integrity and other qualities that will help us differentiate him/her from others.

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

Recommender's Name (*print*) \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Send to Attention: Summer Volunteer Program at Winship Cancer Institute:

Email: [WinshipVolunteer@emoryhealthcare.org](mailto:WinshipVolunteer@emoryhealthcare.org) or Fax : 404-778-2083