



**St. Luke's The Woodlands Hospital
Jr. Volunteer Applicant Information – 2020**

1st Teacher/Professor Recommendation GUIDELINES

Students: Please give one copy of these instructions and the attached teacher evaluation form to each of the teachers/professors you have asked to write a letter of recommendation. Please make sure that one of the teachers is a science teacher/professor - and that you have had classroom instruction from both of teachers/professors in the last two years. It is your responsibility to follow up with these individuals and ensure that the letters are returned to you in time to complete your application.

Teachers/Professors: One of your students is applying for CHI St. Luke's Health - The Woodlands Hospital/ Lakeside Hospital's **JR Volunteer Program**. This program will take place during the summer of **2020**.

We are looking for reliable students who are responsible, mature and have an excellent work ethic. Please write a letter stating whether you feel this student would be a good choice for this program and why. We are not focusing on grades, but would rather hear from you about the personality, talents and skills of your student, as well as why this program would benefit them. We would like to know what you see in this student that would make them an excellent choice for our program.

Please write your letter of recommendation and return it, along with the attached evaluation form, to the student in a sealed envelope, with your signature across the envelope seal. Application Deadline is April 30th. The student is responsible for getting your letter to the hospital. Failure to meet this deadline will eliminate the student from consideration to be in the program.

If you are unable to write a letter of recommendation for this student, please inform the student and allow them enough time to ask another teacher/professor. Incomplete applications will NOT be considered.

Thank you for taking the time to give us your input. Please contact me with any questions.

Debra Hageman Staley
Volunteer Services
dstaley@stlukeshealth.org



**St. Luke's The Woodlands Hospital
Jr. Volunteer Applicant Information – 2020**

2ND Teacher/Professor Recommendation GUIDELINES

Students: Please give one copy of these instructions and the attached teacher evaluation form to each of the teachers/professors you have asked to write a letter of recommendation. Please make sure that one of the teachers is a science teacher/professor - and that you have had classroom instruction from both of teachers/professors in the last two years. It is your responsibility to follow up with these individuals and ensure that the letters are returned to you in time to complete your application.

Teachers/Professors: One of your students is applying for CHI St. Luke's Health - The Woodlands Hospital/ Lakeside Hospital's **JR Volunteer Program**. This program will take place during the summer of **2020**.

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Thank you for taking the time to give us your input. Please contact me with any questions.

Debra Hageman Staley
Volunteer Services
dstaley@stlukeshealth.org



**St. Luke's The Woodlands Student Referral - Summer 2020
JR Volunteer Program**

1st Teacher/Professor Evaluation Form

Please include this evaluation form - **along with your letter of recommendation. Please place both in a sealed envelope, with your signature along the seal.**

Student Name: _____

Instructor/ Subject: _____

School: _____

How long have you known this student? _____

Has tardiness ever been an issue for this student? Y/N

On a scale of 1-5, with 5 being the highest, please evaluate this student compared to his/her peers:

Motivation/work ethic	1	2	3	4	5
Responsibility	1	2	3	4	5
Maturity	1	2	3	4	5
Positive attitude	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Ability to work with/relate to adults	1	2	3	4	5
Organizational skills	1	2	3	4	5
Friendliness	1	2	3	4	5
Respect for others	1	2	3	4	5

Thank you for taking the time to assist this student with their educational growth and exposure to the healthcare industry.



**St. Luke's The Woodlands Student Referral - Summer 2020
JR Volunteer Program**

2ND Teacher/Professor Evaluation Form

Please include this evaluation form - **along with your letter of recommendation. Please place both in a sealed envelope, with your signature along the seal.**

Student Name: _____

Instructor/ Subject: _____

School: _____

How long have you known this student? _____

Has tardiness ever been an issue for this student? Y/N

On a scale of 1-5, with 5 being the highest, please evaluate this student compared to his/her peers:

Motivation/work ethic	1	2	3	4	5
Responsibility	1	2	3	4	5
Maturity	1	2	3	4	5
Positive attitude	1	2	3	4	5
Intellectual curiosity	1	2	3	4	5
Ability to work with/relate to adults	1	2	3	4	5
Organizational skills	1	2	3	4	5
Friendliness	1	2	3	4	5
Respect for others	1	2	3	4	5

Thank you for taking the time to assist this student with their educational growth and exposure to the healthcare industry.