Confidential School Recommendation

**Student Name:** ____________________________

**Parental Consent:** *I authorize the release of information from my son/daughter’s school records to the Department of Volunteer Services at The Johns Hopkins Hospital.*

**Parental Signature:** ___________________________________________ **Date:** _________________

Dear Counselor or Teacher:

A student applying for volunteer service must have a recommendation from a school representative. Your evaluation and comments are appreciated. The information you provide may be reviewed by a potential supervisor. You may give the student the evaluation in a sealed envelope with your signature across the flap or you may mail it to the address listed in the top left corner of this form.

**Mailed recommendation forms must be postmarked before the application deadline, Friday, March 20, 2020. Please note any letter received with a post mark after this date will not be accepted.**

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<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Needs Improvement</th>
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<td>Attendance</td>
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<td>Dependability</td>
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<td>Diversity &amp; Inclusion</td>
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<td>Initiative</td>
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<td>Leadership &amp; Integrity</td>
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<td>Respect &amp; Collegiality</td>
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<td>Scholastic Record</td>
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Core Value: Respect & Collegiality
Be kind. Listen to understand and embrace others’ unique skills and knowledge.

Core Value: Diversity & Inclusion
Be open. Embrace and value different backgrounds, opinions, and experiences.

Core Value: Excellence & Discovery
Be the best. Commit to exceptional quality and service by encouraging curiosity, seeking information, and creating innovative solutions.

Core Value: Leadership & Integrity
Be a role model. Inspire others to achieve their best and have the courage to do the right thing.

Comments:
_____________________________________________________________________________________
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Name (Print): ____________________________
Title: ________________________________
Signature: ____________________________
Relationship to applicant: ____________________________
Date: ____________________________