

## 2025 Rising Star Youth Volunteer Program Reference Form

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

\_\_\_\_\_, has applied to the Rising Star Youth Volunteer Program at Beaufort Memorial Hospital. To help us evaluate the potential of this applicant for volunteer service, we would appreciate your completing this recommendation form.

Please complete this form by **April 4, 2025**.

We are unable to process his or her application until this form is received. Please send your completed form to [Kathleen.Bingham@bmhsc.org](mailto:Kathleen.Bingham@bmhsc.org). Your comments will be kept confidential. If you have any questions or concerns you may call Kathy Bingham at (843) 522-5835. Thank you so much for your assistance.

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Please evaluate the above-named student, on a 1 to 5 scale, according to the recommendation criteria given below.

### **Recommendation**

- 1 Not Recommended
- 2 Recommended with Reservation
- 3 Recommended
- 4 Recommended with Confidence
- 5 Highly Recommended

1. Cooperation – Includes ability to get along with others, accept authority and follow instructions.

1      2      3      4      5

2. Character – Includes loyalty, integrity, sincerity, concern for others.

1      2      3      4      5

3. Industry – Includes willingness to work, perseverance, work habits, attention.

1      2      3      4      5

4. Initiative - Includes intellectual curiosity, willingness to attempt new things, resourcefulness.

1      2      3      4      5

5. Reliability – Includes dependability, good judgment, honesty, ability to function with minimal supervision.

1      2      3      4      5



6. Emotional Control – Includes maturity, poise, stability, self-confidence.

1      2      3      4      5

7. Leadership Ability – Includes objectivity, patience, and ability to accept responsibility.

1      2      3      4      5

8. Academic Standing – The student is in good academic standing.

1      2      3      4      5

9. In your general opinion, is this student mature enough as well as capable of assuming the responsibilities requires in a healthcare setting?

1      2      3      4      5

**Remarks:**

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to student (may not be a relative of the student): \_\_\_\_\_

Phone #: \_\_\_\_\_

