



Horizon West Hospital

**STUDENT VOLUNTEER APPLICATION**

(Must be 16 years or older)

(Please PRINT and fill in all blanks)

**RECOMMENDATIONS**

Applicant Name: \_\_\_\_\_

Ask your teachers (two teacher recommendations required) and your counselor for his/her recommendation and signature.

**TEACHER RECOMMENDATION**

**As of January 1, 2016, our GPA requirements are a 3.0 on a 4.0 scale or a 4.0 on a 5.0 scale. Please be sure to check their GPA before placing a checkmark in the box below. Thank you!**

I recommend the above-named applicant to serve within a hospital setting as a student volunteer.

His/her grade average is at least a "B."  Yes  No

Comments, if any:

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

Teacher Name (printed): \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

**TEACHER RECOMMENDATION**

**As of January 1, 2016, our GPA requirements are a 3.0 on a 4.0 scale or a 4.0 on a 5.0 scale. Please be sure to check their GPA before placing a checkmark in the box below. Thank you!**

I recommend the above named applicant to serve within a hospital setting as a student volunteer.

His/her grade average is at least a "B."  Yes  No

Comments, if any:

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

Teacher Name (printed): \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

**GUIDANCE COUNSELOR RECOMMENDATION**

**As of January 1, 2016, our GPA requirements are a 3.0 on a 4.0 scale or a 4.0 on a 5.0 scale. Please be sure to check their GPA before placing a checkmark in the box below. Thank you!**

I recommend the above-named applicant to serve within a hospital setting as a student volunteer.

His/her grade average is at least a "B."  Yes  No

Comments, if any:

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

Counselor Name (printed): \_\_\_\_\_ Counselor Signature: \_\_\_\_\_