



Health
Central
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: _____