



TEEN VOLUNTEER STUDENT COUNSELOR FORM

The student named below is applying to volunteer in the Teen Volunteer program at Sharp HospiceCare. The following information is requested to assist in evaluating the applicant's eligibility. If you have any questions, please call our Volunteer Department at 619-667-1900.

THIS REPORT IS STRICTLY CONFIDENTIAL

Dear Counselor,

As Parent/Guardian I hereby give my permission for the release of this requested information.

_____	_____	_____
Student's First Name	Last Name	MI
_____	_____	_____
Parent/Guardian Signature	Date	

The following information is required.

School: _____

Grade Point Average _____ Citizenship _____

Number of: Tardies _____ Absences _____ Suspensions _____

Please comment on whether or not this student will make a good hospice volunteer.

Counselor Name (please print) _____

_____	_____
Counselor Signature	Date