



Junior Volunteer Applicant Questionnaire

This form should be completed by a school counselor, teacher, club advisor, coach or administrator at the student's school.

Name of student: _____ DOB: _____

School: _____ Grade: _____

The above named student has applied for a position as a volunteer for HUGS. The junior volunteer will interact with seriously ill children and their families.

Please make an evaluation of the student by checking below:

	Fair	Good	Excellent
Responsibility			

Dependability			
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Personal grooming			
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Attendance			
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Punctuality			
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Grades			
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Commitment			
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Are there any reasons to believe that the above student would not be a good candidate for this volunteer? position? If "yes", please explain: _____

Additional comments: _____

Questionnaire completed by: _____
Name (please print) Title

Signature Date Phone number