



Lourdes Medical Center of Burlington County  
Student Guidance Reference Form

Student's Name: \_\_\_\_\_

The student mentioned above has submitted an application to be a Teen Volunteer at Lourdes Medical Center of Burlington County. We request your assistance in determining the student's suitability for placement into our Teen Volunteer Program.

How long have you know this student? \_\_\_\_\_

Please rate this student on the following, indicating either **Excellent, Above Average, Average or Below Average**.

Academic Achievement: \_\_\_\_\_

Extracurricular Accomplishments: \_\_\_\_\_

Personal Qualities and Character: \_\_\_\_\_

Leadership Ability: \_\_\_\_\_

Concern for Others: \_\_\_\_\_

Reaction to Setbacks: \_\_\_\_\_

\_\_\_\_\_ I highly recommend this student

\_\_\_\_\_ I recommend this student

\_\_\_\_\_ I recommend this student with reservations

\_\_\_\_\_ I do not recommend this student

Counselor's Name: \_\_\_\_\_

Please Print

Counselor's Signature: \_\_\_\_\_

Office Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of High School: \_\_\_\_\_

**Please return this form to:** Director of Volunteer Services  
Lourdes Medical Center of Burlington County  
218A Sunset Road  
Willingboro, NJ 08046

**All information will be kept strictly confidential.**

Thank you for your prompt response.

Sincerely,

Ceil VanEmburch, Director  
Volunteer and Hospitality Services

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