



Education, Development & Training

Collegiate Shadowing PROGRAM PARTICIPANT RECOMMENDATION CONFIDENTIAL

Please obtain recommendations from an instructor, professor, counselor or employer. No family member recommendations accepted.

PRINT Name of Applicant: _____

Please answer all questions. Please mark "NA" if the situation is not applicable. All comments will be kept strictly confidential.

1. Is the applicant prompt? ____Yes ____No ____NA

2. Does the applicant accept responsibility? ____Yes ____No ____NA
Please explain:

3. Would you describe the applicant as a leader? ____Yes ____No ____NA
Describe this person's leadership qualities?

4. Is the applicant courteous to others? ____Yes ____No ____NA

5. Is the applicant a diligent worker? ____Yes ____No ____NA

6. What is his/her quality of work?

7. How long have you known the applicant?

St. Tammany Health System Values

Teamwork. Trust. Compassion. Quality. Innovation.



Education, Development & Training

8. Would you recommend the applicant to participate in the Summer Volunteer Program at St. Tammany Parish Hospital?

Yes No NA

Please explain:

9. Any additional comments about why this applicant would be a good choice for the program.

PRINT INFORMATION CLEARLY:

NAME OF PERSON COMPLETING THIS

FORM: _____

YOUR PHONE

NUMBER: _____

HOW DO YOU KNOW THIS

PERSON: _____

DATE: _____

PLEASE MAIL, EMAIL OR FAX THIS FORM DIRECTLY TO:
ST. TAMMANY HEALTH SYSTEM
ATTENTION: EDUCATION, DEVELOPMENT & TRAINING
DEPARTMENT
1202 S. TYLER STREET
COVINGTON, LA 70433
PHONE : (985) 898-4071 FAX: 985-871-5988
Angela Foley, afoley@stph.org

St. Tammany Health System Values

Teamwork. Trust. Compassion. Quality. Innovation.