



ST. CATHERINE OF SIENA

Medical Center

50 Route 25A ♦ Smithtown, NY 11787
Phone: (631) 862-3000 Fax: (631)862-3105

Guidance Counselor Recommendation Form

_____ (student's name), who attends _____ (name of high school) wishes to participate in St. Catherine of Siena Medical Center's Health Care Apprentice Program. Based on your knowledge of and experiences with this student, please answer the questions below. Your help in this application process is appreciated. When you have completed the form, please fax or mail this form directly to:

Kathryn Casey
St. Catherine of Siena Medical Center
50 Route 25A
Smithtown, NY 11787
Fax#: 631-862-3802
Phone#: 631-862-3858

Please provide the date of birth of the student as shown in your records _____

Is this student regularly achieving an average or above average GPA? YES NO

Please rate this student with respect to the following personality traits:

	POOR	AVERAGE	GOOD	EXCELLENT
Maturity				
Responsibility				
Integrity				
Judgment				
Initiative				



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Has the student had any disciplinary issues within the past year?

YES NO

If yes, please explain

Does this student have any disabilities or limitations that may hinder him/her in a hospital environment?

YES NO

If yes, please explain

Do you recommend this student without hesitation for acceptance in St. Catherine's High School Volunteer Program?

YES NO

Additional Comments:

Signature

Date

Print Name

Phone Number