



LETTER OF RECOMMENDATION

At Swedish Medical Center, we look to our volunteers to help us provide *memorable* experiences for our patients, guests and staff. We look for volunteers who are dedicated, dependable, and are able to make a firm commitment.

Our Junior Volunteer Program includes students 14 to 18 years old, and in addition to the standard application and health forms, we also require a formal recommendation from a trusted member of the applicant's life.

We are asking that you take a few moments of your time to tell us why you feel the student requesting this recommendation would be an asset to our dynamic program.

Student's Name _____

Your Name _____

Title _____ **Phone number** _____

E-mail _____ **Affiliation** _____

Address _____

City _____ **State** _____ **Zip** _____

I would recommend _____ **for the Junior Volunteer Program at Swedish Medical Center because:**

Signature _____

Please return this form to:
Swedish Medical Center / Volunteer Services
501 E Hampden Ave.
Englewood, CO 80113

Date _____