



JERICHO ROAD COMMUNITY HEALTH CENTER

Jericho Road Community Health Center

Summer Internship Program

Letter of recommendation

Please print for your recommender and have them return to JRCHC

To Be Completed by Applicant:

Name: Last Middle First

Address: Street name and number, city, state, Zip

Waiver of Right to Access Confidential Information Statement:

I hereby voluntarily waive my right of access to information contained on this form and agree that the statement should remain confidential:

Sig _____

To Be Completed by Recommender

1. In What capacity have you known the applicant?
2. How many Years have you know the applicant?
3. How well do you feel you know the applicant?

Very well

Casually

5

4

3

2

1

4. To what extent has the applicant engaged in activities at your institution?

Enthusiastically

cooperates and participates

usually participates

5

4

3

2

1



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5. In social situations is the applicant

Sought out

Well Received

Tolerated

5

4

3

2

1

6. What is the applicant's social influence at your institution?

Positive

Neutral

Negative

5

4

3

2

1

7. In your opinion does this student possess any outstanding abilities, academic rigor (GPA) or character?

8. Please list any leadership positions or significant roles the applicant has held at your institution

9. Our mission at JRCHC is to provide a **culturally sensitive medical home**, especially for refugee and low-income community members, facilitating wellness and self-sufficiency by addressing health, education, economic and spiritual barriers in order to **demonstrate Jesus' unconditional love for the whole person.**

To your knowledge does the applicant have any attitudes or behaviors that are inconsistent with this mission such as: dishonesty, abuse of alcohol or other illegal drugs or others?



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10. Please rate the applicant compared to his/her peers with regards to:

High

Average

Low

Cooperation

Leadership

Reliability

Motivation

Disposition

Emotional stability

Concern for others

Social maturity

Spiritual maturity

Please make any further comments that will help us evaluate this applicant's application. We welcome especially information that will differentiate this student from his/her peers. If additional space is required, please attach a separate sheet

Highly Recommend

Recommend

Not recommended

Name

Organization

Position

Telephone number

Address

Signature



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Date

Thank you for completing this recommendation form. Please keep a copy for your records. Be sure that all questions are answered and return to:

Jericho Road Community Health Center

c/o Juliane Maciejewski MD

184 Barton St.

Buffalo, NY 14213