



**Mercy Medical Center
Teen TAG Volunteer
School/Community Teen Reference Form**

_____ (print name) is applying to become a Mercy Ambassador Teen Volunteer at Mercy Medical Center. Please complete the following information about the applicant, which will help us in our evaluation for the appropriate placement assisting our patients, families, and staff.

Mercy Ambassador Teen Volunteers must be willing to help others, have a high degree of maturity, and be self-motivated.

ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please describe the character of the applicant.

In your opinion, what strengths would the applicant bring to our volunteer program?

Would you recommend this applicant as a teen volunteer in a hospital and why?

Please share any other information that you feel would be helpful to us in considering this applicant.

Thank you for your time.

Date: _____ Phone: _____

Printed Name: _____ Signature: _____

Please return form to:

Volunteer Services Office
Mercy Medical Center
1320 Mercy Drive NW
Canton, Ohio 44708
Fax: (330) 580-4794
Phone: (330) 489-1106