

**NORTHSIDE HOSPITAL ATLANTA AUXILIARY  
VOLUNTEEN PROGRAM**

**Required Letter of Recommendation – Must be in a sealed envelope.**

Date \_\_\_\_\_

Volunteen Chairman  
Northside Hospital-Atlanta Auxiliary  
1000 Johnson Ferry Road, NE, Ste. 961  
Atlanta, GA 30342

Dear Volunteen Chairman:

\_\_\_\_\_ has applied for membership in the Volunteen Program at Northside Hospital-Atlanta.

I would like to make the following comments on this student's

Maturity \_\_\_\_\_

Behavior \_\_\_\_\_

Dependability \_\_\_\_\_

Ability to follow directions \_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I recommend that \_\_\_\_\_ be/not be considered for the Volunteen Program at Northside Hospital Atlanta.

\_\_\_\_\_  
Teacher/Counselor

\_\_\_\_\_  
School