

Date: _____



TEEN VOLUNTEER RECOMMENDATION

Thank you for taking the time to complete this applicant's recommendation for the Teen Volunteer position at the Sandusky Library. Please return this form to the applicant to be returned to the Sandusky Library Youth Services Department.

Applicant Name: _____

_____ Date

Recommender Name: _____

Email: _____

Contact Number: _____

In what capacity do you know the applicant? _____

How long have you been acquainted with the applicant? _____

What are this applicant's strengths?

What are some areas for improvement for this applicant?

Is there anything else you would like to share about this applicant? *(optional)*

Recommender Signature: _____

Date: _____