

VCU HEALTH COMMUNITY MEMORIAL HOSPITAL

P.O. Box 90

South Hill, VA 23970

Phone (434) 584-5437 Fax (434) 584-5450

Summer Camp Instructor Form

Student name: _____

School: _____ Grade: _____

I authorize VCU Health Community Memorial Hospital to investigate my school record and I release all persons providing such information from all liability whatsoever for issuing the requested information.

Signature: _____ Date: _____

Guardian's signature: _____ Date: _____

To the instructor: The above applicant has applied for participation in a Career Scene Investigation summer camp at CMH. Please check the column, which most clearly characterizes your appraisal of this applicant.

THIS FORM MAY BE RETURNED IN A SELF ADDRESSED STAMPED ENVELOPE OR FAXED TO: VCU HEALTH COMMUNITY MEMORIAL HOSPITAL EDUCATION DEPARTMENT Fax # 434-584-5450

	Good	Average	Fair
1. Academic performance			
2. Organizational skills			
3. Dependability/reliability			
4. Attitude			
5. Appearance/grooming			
6. Attendance/punctuality			
7. Class participation			

Comments: _____

Faculty name: _____ Course taught: _____

Signature: _____ Date: _____

Completed packet must be returned to CMH by May 1, 2023