## The University of the West Indies

School of Physical Therapy Mona, Kingston 7.

## CONFIDENTIAL VOLUNTEER REPORT FORM

The required 60 Hours must be done in a Physical Therapy Facility. Please note that 30 hours must be done in an Acute Care Facility.

To maintain confidentiality, please place completed form in a sealed envelope and write your signature in <u>two</u> places <u>across</u> the seal of the flap. The Volunteer may take the sealed envelope to his/her interview.

Name of Volunteer:

Mailing Address:					
No. of Volunteer Hours completed: Ti	me period, from	to			
Name of Facility					
Name of Supervisor					
Activity Assignment			<del> </del>		
Please rate the volunteer in the followin appropriate		ng a tick (√)	in the		
	Not Observed	Excellent	Good	Fair	Poor
1. Punctuality					
2. Deportment					
3. <b>Initiative</b>					
4. Adaptability					
5. Reliability					
6. Work Attitude					
7. Work relationship with Supervisor					
8. Work relationship with staff members					
9. Work relationship with patients					
(Overall comments regarding the strengths/w	veaknesses of the	Volunteer).			
Signature	Date:				

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## APPLICANT EVALUATION AND RECOMMENDATION

This form should be completed by one of the following persons:

- Minister of Religion/Church Officer
- Teacher/Lecturer
- Principal/Vice Principal/Guidance Counsellor

Name of Applicant							
Please complete the rating scale below t and personal capabilities in support of h School of Physical Therapy.		•	-				
<ul><li>(5) =Exceptionally high (4) = Above Average</li><li>(0) = No basis for evaluation.</li></ul>	(3) Aver	rage (2):	= Below Avo	erage (1)	Poor		
PERSONALITY TRAIT	5	4	3	2	1	0	

PERSONALITY TRAIT	5	4	3	2	1	0
1. Personal Integrity						
2. Social & Emotional						
3. Ability to work with others						
Peer						
Administrator						
4. Promise of Professional Growth						
5. Leadership qualities						
6. Community Involvement						
7. Communication Skills						
Oral						
Written						
8. Scholastic Aptitude						
9. Perseverance towards goal						

How long have you known the applicant and in what	capacity?				
Indicate strength of your overall endorsemen	nt by checking below:				
Highly Recommended	Recommended				
Recommended with hesitation	Not Recommended				
ADDITIONAL COMMENTS:					
Name of Referee	Title				
Address					
Date: Signat	ture				
Please return completed form to:					
Student Affairs (Admissions) The University of the West Indies					

Mona Kingston 7