



WVU WORK STUDY REFERENCE FORM

The student requesting this reference has applied for a Work Study position at West Virginia University Hospitals and has given West Virginia University Hospitals permission to obtain the following information to ensure we acquire the best possible students. By including your name, you verify the information is accurate. We would be very appreciative if you would take a few moments to answer the questions listed below and return via email or mail (Volunteer Services PO Box 8075 Morgantown, WV 26506) as soon as possible. Please be aware it is important for us to receive this in a timely manner so that the student can begin their work study position. If you have any questions please feel free to contact our office at 304-598-4134.

Students' Name: _____
(Please fill in the student's name.)

How long have you known, and in what capacity are you familiar with this student?

Please rate the student on the following:

	Below Average	Average	Good	Excellent
Punctuality				
Attendance				
Dependability				
Compassion				
Overall				

What is the student's greatest strength? _____

What is the student's greatest weakness? _____

Would you recommend the student for placement in a hospital setting? Yes No

Does he/she get along well with others? Yes No

Do you feel he/she could maintain patient confidentiality? Yes No

Are there any areas of concern we should be aware of? _____

If you know this student in either a work or professional relationship, please answer the following:

What was his/her title? _____

Were there any issues with his/her attendance or quality of work?

Would you rehire him/her? Yes No

Thank you for your participation with this questionnaire/reference guide. This is a very valuable tool that will help assist patients at the hospital with the best services available.

Date _____ Printed Name _____ Title _____