

# STUDENT STAFF MEMBER REFERENCE FORM

SACRED HEART UNIVERSITY

STUDENT STAFF APPLICATION PROCESS – 2010-2011



## TO BE FILLED OUT BY THE APPLICANT:

Student Applicant Name (Please Print): \_\_\_\_\_

In accordance with the provisions of the Family Educational Rights Privacy Act of 1974, P.L. 93-80 (as amended), with specific references to section 438 a.1.B and Subtitle A, sections 99.7, 99.11 and 99.12. Please Check One:

I DO waive my right to access and review this reference, and understand that the reference is confidential.

I DO NOT waive my right of access and review of this reference.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## TO BE FILLED OUT BY THE REFERENCE:

The individual requesting this reference is an applicant for a staff position with the Office of Residential Life and Housing Services at Sacred Heart University. The staff member (RA/AA) is responsible for creating and maintaining a community environment among residents, setting behavioral limits, creating and implementing educational and social programs, managing emergency situations, and serving as a role model for other residence hall students. Please bear this in mind when completing this reference form.

Name of Reference: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Title of Reference: \_\_\_\_\_

How long and in what capacity have you known the applicant? \_\_\_\_\_

In What Capacity do you know the applicant? \_\_\_\_\_

On a scale of 1 (unfamiliar) to 5 (very familiar), how familiar are you with the Residential Life Student Staff Position?

1                      2                      3                      4                      5

On a scale of 1(no presence) to 5 (high presence) please rate the presence of the following attributes in the student's character.

If you do not have a basis for evaluation on any of the below, please leave it blank.

LEADERSHIP	1	2	3	4	5
ORGANIZATION	1	2	3	4	5
INTERPERSONAL RELATIONSHIP	1	2	3	4	5
MOTIVATION	1	2	3	4	5
CAPACITY TO SUCCEED AS A STAFF MEMBER	1	2	3	4	5

Please circle your overall recommendation of this applicant (please circle one):

Highly Recommend                      Recommend                      Neutral                      Do Not Recommend

On the back of this form, please share any information that would support this applicant's candidacy, or major concern regarding this applicant, that will help the Office of Residential Life to make the most educated decision when selecting our student staff.

Thank you for your time. Your input is valuable as we strive to create a strong Residential Life Student Staff.

Please return this form to the Office of Residential Life by Friday March 5, 2010. You may drop off, mail, fax, or e-mail an electronic version of the reference to the information listed below:

### Office of Residential Life

Sacred Heart University  
Roncalli Hall  
5151 Park Avenue  
Fairfield, CT 06825

FAX: 203.416.3456  
PHONE: 203.416.3417  
E-MAIL: [gordonr@sacredheart.edu](mailto:gordonr@sacredheart.edu)

Please be sure to fax/e-mail both sides of the evaluation