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| **Enter your last name: \*** |  |
| **Enter your first name: \*** |  |
| **Enter middle name: \*** |  |
| **Home Phone: \*** |  |
| **Cell Phone: \*** |  |
| **Email: \*** |  |
| **School: \*** |  |
| **High School: \*** |  |
| **College: \*** |  |
| **Post Graduate: \*** |  |
| **Emergency Contact: \*** |  |
| **Relationship: \*** |  |
| **Phone: \*** |  |
| **Have you ever completed a job shadow experience at WVU Medicine: \*** |  |
| **Have you interviewed for employment opportunities at WVU Medicine (West Virginia University Hospitals, Inc. or University Health Associates, Inc.) in the last 12 months: \*** |  |
| **Have you ever been employed by WVU Medicine (West Virginia University Hospitals, Inc. or University Health Associates, Inc: \*** |  |
| **Is there any individual or agency that will need documentation of your job shadowing experience: \*** |  |
| **If yes, then please provide: the name, mailing address, e-mail address and a phone number: \*** |  |
| **Have you ever been convicted of or pled no contest to any crime in the past seven years: \*** |  |
| **Date(s) available to shadow (mm/dd/yyyy, mm/dd/yyyy): \*** |  |
| **What profession are you interested in shadowing?:** |  |
| **What specialty you are interested in shadowing?:** |  |
| **Please explain your intent/goal in job shadowing at WVU Medicine (WVU Hospitals/University Health Associates): \*** |  |

http://click.outbound.surveymonkey.com/q/6WUTJT6oo0mhU9qZSHaROA~~/AAAAAQA~/RgRgCxu1PlcMc3VydmV5bW9ua2V5QgoAM7WWKF6LG7t9Uh5odW1hbnJlc291cmNlc0B3dnVtZWRpY2luZS5vcmdYBAAAAAU~