OWLS CARE APPLICATION PROCESS:

Submit the following materials by **March 30, 2015** to Owls Care Health Promotion located in the Student Services Building 8, Room 222 (above the Breezeway)

- Application form
- One-page personal statement
  The main topic that you will be addressing as an Owls Care Leader is Bystander Intervention. In your own words, what is the difference between a bystander and an ethical bystander? What do you think are some ways you could approach a situation where a friend you go to school with tells you and does not want anybody else to know that she has recently been sexually assaulted.
- Copy of **unofficial transcripts** (available from Office of the Registrar or online through FAU self-service link on MyFAU account).
- Resume or CV

Applicants with high quality application materials will be invited to participate in an interview session that will include a five minute presentation by applicant on a topic of their choice.

Acceptance will be based on both application and interview.
Florida Atlantic University
Owls Care Health Promotion
Owls Care Leader Application

General Information:

Full Name: ________________________________  Z Number: ________________________________

Year in school: ________________________________

Did you transfer to FAU from another institution?  Yes  No

If yes, please indicate prior institution: ____________________________________________________

Major(s): ________________________________  Minor(s): ________________________________

Cumulative GPA: ________________  Graduation Semester/Year: ________________

Are you eligible to work in the United States?  Yes  No

Do you have a valid Social Security Card?  Yes  No

Local Address: _________________________________________________________________________

Permanent Address: _____________________________________________________________________

Phone: ________________________________  Email: ________________________________

Briefly tell us about yourself (i.e. background/history, why you chose FAU, etc):

____________________________________________________________________________________

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**Previous Work Experience:** Describe the past two positions (paid or volunteer) you have held, listing the most recent first:

1. Job Title: __________________________
   Employer: ______________________________
   Supervisor: __________________________
   Phone: ________________________________
   Duties and responsibilities: ______________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

2. Job Title: __________________________
   Employer: ______________________________
   Supervisor: __________________________
   Phone: ________________________________
   Duties and responsibilities: ______________________________________________________
   ______________________________________________________________________________
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**Activities:** List any university activities in which you have been involved in the past including offices held. Please do not abbreviate names of organizations. (Use a separate sheet if necessary)

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Anticipated Commitments for 2015-2016 Academic Year: List any activities (such as organizations, outside employment, athletics, etc) that you plan to engage in during the 2015-2016 academic year and the approximate time commitment (in hours) to each activity per week.

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<th>Activity</th>
<th>Supervisor Name and Contact information</th>
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On the schedule below, please mark with an X the times when you are NOT available during the Fall 2015 semester.

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Please provide the following information for at least two professional references:

Name:_______________________ Phone:__________ Relationship:______________

Name:_______________________ Phone:__________ Relationship:______________

Name:_______________________ Phone:__________ Relationship:______________

Name:_______________________ Phone:__________ Relationship:______________

Please read the declaration below before signing. Submission of this application to the Owls Care Health Promotion affirms your agreement to the statement below.

To the best of my knowledge, the information I have furnished on this application is true and correct. I realize that intentional falsification of statements on this application will subject me to being disqualified as an applicant. __________

I hereby grant Owls Care Health Promotion permission to verify my cumulative and semester GPA and student conduct record. By submitting this application, I certify that I currently have a minimum of a 2.70 cumulative GPA and 2.70 semester GPA and understand that I must maintain a 2.70 cumulative/2.70 semester minimum GPA as an undergraduate per semester overall throughout my employment as an Owls Care Student Leader. If hired, this release shall remain in effect throughout my employment as an Owls Care Student Leader. __________

I understand that, if hired, I am responsible for registering for and completing the LDR 2010 course during the first semester that I am an Owls Care Leader (unless my unofficial transcript indicates that I have successfully completed this course prior to hire) and am also responsible for attending all other trainings listed in the position description. __________

I must have a clear student conduct record to be considered as an applicant for this position. If I am found responsible for a violation of the Student Code of Conduct during my term of employment, I may be terminated from my position to be determined by Owls Care Health Promotion or Dean of Students Office. __________

Applicant Signature: _______________________

Applicant Z Number: _______________________

Date: ______________________