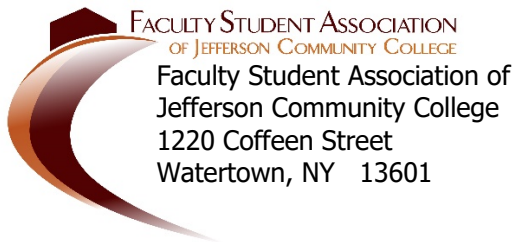


FSA Board of Directors Student Member Application



Tel: (315) 786-6583
 Fax: (315) 786-2295
 E-Mail: fsa@sunyjefferson.edu

Date: _____

Student Member Applicant Information	FSA Board of Directors Member Application
---	--

Last Name	First	Middle Name	
Address			Apartment #
City	State	ZIP	
Phone	E-mail Address		
Date Available			
Are you a citizen of the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Have you ever served on the FSA Board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION

High School	Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College					
Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other					
Address					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship	
Company	Phone	
Full Name	Relationship	

FSA Board of Directors Student Member Application

Company	Phone	
Full Name	Relationship	
Company	Phone	

PREVIOUS ACTIVITIES, ORGANIZATIONS, EMPLOYMENT, BOARD OR VOLUNTEER EXPERIENCE ETC., AND LEADERSHIP ROLES:

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES NO Was this a volunteer position YES NO

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES NO Was this a volunteer position YES NO

Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving

May we contact your previous supervisor for a reference? YES NO Was this a volunteer position YES NO

ADDITIONAL COMMENTS

EMERGENCY CONTACT

FSA Board of Directors Student Member Application

First Name	Last Name
Phone	Relationship

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a member position, I understand that false or misleading information in my application or interview will cause me to be disqualified. I understand that this is a voluntary position.

The FSA and FSA Board of Directors does not discriminate and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for membership on a basis prohibited by local, state, or federal law. I understand that I must be available the third Thursday of each month in order to be a member of board of directors.

This application will remain current for only 60 days. At the conclusion of this period, if I have not heard from the FSA Board and still wish to be considered for membership, it will be necessary to fill out a new application.

I understand that I am free to resign, in writing to the Board of Directors' President, at any time.

Print Name	Date
Signature	

032917Y