



Student Government Association

600 N. Adams St. Gunnison, CO 81231

(970) 943-2185 sga@western.edu

Application for Employment & Entry on the Ballot

NAME: _____

LOCAL ADDRESS: _____

PHONE NUMBER: (H): _____ (C): _____

CLASS STANDING (circle one): FR SO JR SR

HOURS ENROLLED CURENT TERM: _____

HOURS ENROLLED NEXT TERM: _____

APPLICATION CRITERIA:

1. MUST BE A FULL TIME STUDENT IN GOOD STANDING WITH THE REGISTRAR'S OFFICE. (APPLICANTS CANNOT BE ON SOCIAL OR ACADEMIC PROBATION).
2. THE APPLICATION MUST BE CERTIFIED BY THE REGISTRAR BEFORE APPLICATION IS SUBMITTED TO SGA.
3. THE APPLICATION MUST BE TYPED; ADDITONAL SHEETS MAY BE USED (applications are available online at www.western.edu/sga/).
4. A RESUME MUST BE ENCLOSED IN THE APPLICATION PACKET.

DESIRED POSITION (check one position in either category I or II)

Note: all who qualify for an elected position with SGA will be placed on the ballot. All who apply for appointed positions will have to contact the Elected President for information regarding interviews

I. ELECTED OFFICIALS

- PRESIDENT**
- VICE PRESIDENT OF INTERNAL AFFAIRS**
- VICE PRESIDENT OF EXTERNAL AFFAIRS**
- SENATOR**

II. APPOINTED OFFICIALS

- ARTS HUMANITIES, & CAMPUS MEDIA DIRECTOR**
- ATHLETICS AMBASSADOR**
- INTERCLUB COUNCIL DIRECTOR**
- INTRAMURALS DIRECTOR**
- PROGRAM COUNCIL DIRECTOR**
- SECRETARY**
- STUDENT AFFAIRS, HEALTH AND WELLNESS AMBASSADOR**
- TREASURER**
- WILDERNESS PURSUITS AMBASSADOR**
- SENATE ASSOCIATE**

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Why do you wish to be appointed or elected for the position you are applying for?
2. Do you possess any skills that will contribute to Student Government Association?
3. Please list any involvement you have in school related activities (such as organizations, committees boards)
4. Are you part of any scholarships, fellowships, or memberships in academic honor societies? If yes please list.
5. What are your anticipated day to day activities, duties and responsibilities if appointed or elected for this position?
6. Please describe personal and professional goals you hope to develop if you receive the position you are applying for.
7. Do you have any areas of concern within the Student Government Association? If yes, how would you improve those areas of concern?
8. If you receive this position, what do you hope to gain from the experience of being part of Student Government Association?
9. For potential returning members only: what would you like to improve upon this year?

Please provide the name and contact information for one personal reference:

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please provide the name and contact information for one professional reference:

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

I certify that answers given herin are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application and or interview(s), or significant omission may result in discharge. I understand that I am required to abide by all the rules outlined in the Western State College Student Government Association's Constitution and By-Laws.

SIGNATURE: _____ **DATE:** _____

Dear Student Government Association,

By the signing of this statement the Registrar's Office certifies that _____
is a full time student and is in good standing at Western State College of Colorado.

Registrar's Signature: _____ *Date:* _____
(please place the seal of the College over signature)

FOR OFFICE USE ONLY

INTERVIEW NOTES:

REASONS WHY OR WHY NOT TO APPOINT:

OTHER POSSIBLE RECOMMENDED POSITIONS: