

UNIVERSITY OF HARTFORD

DEPARTMENT OF PUBLIC SAFETY

Student Advisory Committee Application

Applicant Information

Name: _____

Student ID: _____

Gender (optional), Female/Male/Non-Binary: _____

Ethnic/Racial Group (optional): _____

Are you an undergraduate or graduate student? _____

Are you a resident or commuter? _____

Major: _____

Expected Year of Graduation: _____

Local Address: _____

Phone Number: _____

E-Mail: _____

Volunteer, Involvement, and Work Experiences

Please list any volunteer, college involvement, or work experience that will be helpful to share.

Why this Board?

What interests you about the Advisory Board and what do you hope to accomplish by serving on the Board?

Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Board member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that this position is at-will volunteer position. Therefore, if I am selected, my seat or the entire Board may be discontinued without any prior notice.

Signature: _____

Date: _____