



## Campus Alcohol and Drug Education Center

190 Student Services Center  
California State University, Chico 95929-108  
(530) 898-6450

### Student Application Form

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

CLASS LEVEL: \_\_\_\_\_ Grade Point Average (overall): \_\_\_\_\_

How many semesters beyond the current semester will you attend CSUC?

E-MAIL

ADDRESS \_\_\_\_\_

#### INSTRUCTIONS:

Complete the following and submit to room 190 in the Student Services Center.

1. Application Form (complete questions on back).
2. Up-to-date Resume.
3. Employee Rating Form from two references (faculty or former employers). Please ask each person you select to complete and return the form to us directly.

Two References who will be completing Rating Form:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the Campus Alcohol and Drug Education Center access to my CSUC academic record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please answer questions below (type or print neatly). Use a separate piece of paper if needed.**

What do you know about CADEC and what we have to offer?

What interests you most about working for the CADEC?

What experiences have you had with outreach, public speaking, peer education or giving presentations?

What are some strengths you can bring to CADEC, what are some things you feel you may need to work on?

What academic or job experience have you had that would prepare you for this position?

My experience in using PC, Microsoft Word, publisher and other software designed for creating flyers is best described as: \_\_\_novice \_\_\_moderate \_\_\_experience

**Campus Alcohol and Drug Education Center APPLICANT RATING FORM**

\_\_\_\_\_ has submitted your name as a reference to assist the CADEC staff in evaluating his/her qualifications for a CADEC position. Please indicate below (circle a number) your assessment of this candidate in relation to other students you have worked with. One signifies poorest and ten the highest/best -- DK (don't know).

**I. Outreach Skills**

Public Speaking 1 2 3 4 5 6 7 8 9 10 DK

Building Rapport with Others 1 2 3 4 5 6 7 8 9 10 DK

Creativity 1 2 3 4 5 6 7 8 9 10 DK

Openness to Feedback 1 2 3 4 5 6 7 8 9 10 DK

**II. Related Skills**

Academic Ability 1 2 3 4 5 6 7 8 9 10 DK

Reliability/Dependability 1 2 3 4 5 6 7 8 9 10 DK

Initiative 1 2 3 4 5 6 7 8 9 10 DK

Ability to Work Effectively with  
Persons from Diverse Backgrounds 1 2 3 4 5 6 7 8 9 10 DK

III. In what capacity and how long have you known this student?

\_\_\_\_\_  
\_\_\_\_\_

IV. Make any comments and/or list any special skill(s) or pertinent experiences of this student. (Use the back of this form if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Evaluator:** Please return this form by 5:00 PM, Wednesday, April 29th, 2009 to:  
CAMPUS ALCOHOL AND DRUG EDUCATION CENTER  
190 STUDENT SERVICES CENTER  
CALIFORNIA STATE UNIVERSITY, CHICO  
CHICO, CA 95929-108  
(530) 898-6450