



## CAMPUS WELLNESS CENTER

Counseling and Wellness Center  
Student Services Center 430  
California State University, Chico  
95929-0702

### COORDINATOR APPLICATION FORM

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

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

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

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

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

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

EMAIL ADDRESS \_\_\_\_\_

#### INSTRUCTIONS:

1. Application Form (complete questions on following page).
2. Up-to-date Resume.
3. Coordinator 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: \_\_\_\_\_

**Applications are due by 5:00 PM on Wednesday, April 29<sup>th</sup>, 2009 at 5:00 PM in SSC 430**

I hereby authorize the Wellness 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 the Wellness Center and its services?

What skills do you have that would make you a good supervisor?

List related employment positions you have held and describe how they will help you as Intern Coordinator and program developer.

How do you integrate Wellness in your personal life? How might you serve as a role model for interns and students?

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

Are you eligible for work- study?

# WELLNESS CENTER INTERN COORDINATOR APPLICANT RATING FORM

\_\_\_\_\_ has submitted your name as a reference to assist the Wellness Center staff in evaluating his/her qualifications for a Wellness Center intern position. Please indicate below (circle a number) your assessment of this candidate in relation to other students you have worked with.

A one signifies poorest and ten the highest/best -- DK (don't know).

## I. Helping Skills

	Low	High	
Sensitivity to others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Building Rapport with Others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Intervention Skill with Others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Openness to Feedback	<u>1 2 3 4 5 6 7 8 9 10</u>		DK

## II. Related Skills

Academic Ability	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Reliability/Dependability	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Motivation to Develop Helping Skills	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Ability to Work Effectively with Persons from Diverse Backgrounds	<u>1 2 3 4 5 6 7 8 9 10</u>		DK

## III. Would you refer one of your students or friends to this person for guidance? (Check one.)

- Definitely would.
- Probably would, depending upon the nature of the person's problems.
- Uncertain
- Probably would not.
- Definitely would not.

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

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

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

Please state briefly the course or context in which you know this student:

\_\_\_\_\_

**Evaluator:** Please return this form by 5:00 PM, Wednesday, April 29<sup>th</sup>, 2009 to:

Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# WELLNESS CENTER INTERN COORDINATOR APPLICANT RATING FORM

\_\_\_\_\_ has submitted your name as a reference to assist the Wellness Center staff in evaluating his/her qualifications for a Wellness Center intern position. Please indicate below (circle a number) your assessment of this candidate in relation to other students you have worked with.

A one signifies poorest and ten the highest/best -- DK (don't know).

## I. Helping Skills

	Low	High	
Sensitivity to others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Building Rapport with Others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Intervention Skill with Others	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Openness to Feedback	<u>1 2 3 4 5 6 7 8 9 10</u>		DK

## II. Related Skills

Academic Ability	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Reliability/Dependability	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Motivation to Develop Helping Skills	<u>1 2 3 4 5 6 7 8 9 10</u>		DK
Ability to Work Effectively with Persons from Diverse Backgrounds	<u>1 2 3 4 5 6 7 8 9 10</u>		DK

## III. Would you refer one of your students or friends to this person for guidance? (Check one.)

- Definitely would.
- Probably would, depending upon the nature of the person's problems.
- Uncertain
- Probably would not.
- Definitely would not.

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

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

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

Please state briefly the course or context in which you know this student:

\_\_\_\_\_

**Evaluator:** Please return this form by 5:00 PM, Wednesday, April 29<sup>th</sup>, 2009 to:

Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_