

STUDENT INTERN INFORMATION FORM

Chico State Enterprises (CSE) needs to have information available concerning your student intern activities. This includes information regarding whom to contact in case of emergency, the kind of service you are performing, and the number of hours your internship is for. This form will allow you to identify your "Emergency Contact" and the kind of service you perform.

On behalf of the CSE, I would like to thank you for your cooperation and hope that you find your internship very rewarding.

Russell Wittmeier, Human Resources Director rwittmeier@csuchico.edu (530) 898-3536

Intern's Name		Phone Number		
Current Address (Street)	(City)		(State)	(Zip)
Permanent Address (Street)	(City)	(State)		(Zip)
Email				
Emergency Contact Person (Name)			(Relationship)	
(Contact Phone)	r Phone) (Contact Address)			
Are you a current employee of CSU do you work?		-	yesno n y	yes, who is the employer and whe
, ,	Resident Advisor, Resident A 20-240 participants. Resident for the following: Submitting ad well-being; Aid in academic ogress; Motivate participants hours a day M-Th, Fri 8am-3	Advisors will dir Advisors will li weekly written c classes and ma toward higher o	ectly supervise ive in the resic evaluations or aintain a tutor education; Org	e 12-16 high school participants dence hall for the duration of the on participants; Supervise ing schedule; Monitor and evaluat
Description of Duties of Intern: Under the supervision of the Head and assist in the supervision of all 2 week program and are responsible for participants to assure their safety and participants' academic and social preference and activities; Be on-call 24 Projected Hours of Service per Week	Resident Advisor, Resident A 20-240 participants. Resident for the following: Submitting ad well-being; Aid in academic ogress; Motivate participants hours a day M-Th, Fri 8am-3	Advisors will dir Advisors will li weekly written c classes and ma toward higher o opm and Sunday	ectly supervise ive in the resic evaluations or aintain a tutor education; Org	e 12-16 high school participants dence hall for the duration of the on participants; Supervise ing schedule; Monitor and evaluat
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SUPPLEMENTAL QUESTIONAIRE FOR RESIDENT ADVISOR INTERN POSITION

Name:_	Name:		Cell Phone #			
Email a	ddress:					
			nave previously taken or feel comfortable tutoring in. I, with #1 being the highest and #4 being the lowest			
	Check all courses you have taken in high school or college	Rank 1-4 1 = High 4= Lowest	English / Composition Integrated Math 1			
			Integrated Math 2 Integrated Math 3 Pre-Calculus			
			Calculus Statistics Anatomy			
			Biology Chemistry Physics			
			Agricultural Science Medical Terminology			
			Robotics Computer Science Beginning Spanish Advanced Spanish			
	table and capable of su		g the highest and #3 being the lowest) in which you feel a have more than three, please write them down in the			
1						
3			_			
lowest)		ble and capable	s and/or interests) (#1 being the highest and #3 being the of supervising. If you have more than three, please write			
1			2			
2						