



STUDENT ACTIVITIES BOARD APPLICATION

Deliver or mail complete applications to:
College of Central Florida
Office of Student Life
3001 S.W. College Road
Building 11
Ocala, FL 34474

Please type on this application; handwritten applications are not accepted.

Student ID No.: _____ Date of Birth: _____
MM/DD/YY

Legal Name: _____
Last First Middle (complete) Jr., etc.

Mailing Address: _____
Street/P.O. Box City State Zip Code

Contact Telephone: _____ Email: _____

Year at CF: Incoming Freshman Freshman Sophomore Junior Senior

Position(s) for which you are applying: _____

Available positions include: president, vice president, secretary, publicity, special events, service programs, leadership programs, diversity programs and educational programs.

Which campus Student Activities Board do you want to join? Ocala Citrus

References: Please list two references that may be contacted.

1. _____

2. _____

Name Position Telephone

Recommendation: Attach two letters of recommendation, different from your references.

Answer the following questions on a separate piece of paper and submit with your application.

1. What is your understanding of what SAB is and does on campus?
2. List at least three reasons why you would like to be on the SAB and why you are the best person for the job.
3. Describe your previous leadership experiences.
4. List your ideas for new programs and/or activities on campus and specific ideas that might enhance the SAB.
5. List your other commitments for the year (number of classes, work, other organizations, etc.).

If selected, I understand and accept the following requirements.

1. I must currently have and maintain a cumulative GPA of 2.5 or above.
2. I must be enrolled in a minimum of nine hours per semester to receive a talent grant.
3. I will make a one-year commitment including consecutive fall and spring semesters.
4. I will be available for a two-day board training during the summer. The dates will be announced.
5. I will be available during the activity hour (12:15-1:45 p.m.) for meetings and activities.
6. I will hold a minimum of two additional office hours per week.
7. I will participate in a minimum of 10 community service hours during the year (March of Dimes, United Way, American Heart Association, etc.).

Applicant Signature _____

Date: MM/DD/YY _____

Received: _____