

GENERAL INFORMATION

Name	Age	Birthdate
Home Address	City	State Zip
Home Phone #	Major	Class Standing (circle) FR SO JR SR
Campus Address:	Campus Phone:	
Email Address:	Cell Phone Number:	
I am interested in	<input type="checkbox"/> RCA	<input type="checkbox"/> Community Council <input type="checkbox"/> Work Study Position

EMERGENCY INFORMATION (Confidential)

PARENT/GUARDIAN NAME(S)& PHONE NUMBER(S):

Name	Relationship to you	Phone #: Home ()
Occupation		Work ()
Name	Relationship to you	Phone #: Home ()
Occupation		Work ()

SPECIFIC MEDICAL PROBLEMS: 1. _____
(Asthma, allergies, chronic health problems) 2. _____
e.g. birth control, vitamins, prescription and over counter

Other Comments: _____

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