

WESTERN NEW ENGLAND UNIVERSITY
DEPARTMENT OF PUBLIC SAFETY
STUDENT PATROL PROGRAM
APPLICATION

NAME _____
(PLEASE PRINT)

HOME ADDRESS _____

SCHOOL ADDRESS _____

DATE OF BIRTH ___/___/___ PLACE OF BIRTH _____

HOME TELEPHONE NUMBER (_____) _____

CELL PHONE NUMBER (_____) _____

SOCIAL SECURITY NUMBER _____

ARE YOU A U.S. CITIZEN YES _____ NO _____ GENDER MALE _____ FEMALE _____

IF NATURALIZED, CERTIFICATE NUMBER _____

FULL NAME OF FATHER _____

MOTHER'S MAIDEN NAME _____

ARE YOU CURRENTLY EMPLOYED YES _____ NO _____

STUDENT STATUS FRESHMAN _____ SOPHOMORE _____

JUNIOR _____ SENIOR _____

CURRICULUM MAJOR _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY YES _____ NO _____

IF YES, EXPLAIN _____

DO YOU HAVE A VALID DRIVERS LICENSE YES _____ NO _____

IF YES, WHAT STATE OR COUNTRY _____

DO YOU HAVE A WORK STUDY YES _____ NO _____ AMOUNT _____

INTERVIEW QUESTIONS

1. Do you feel that you could physically endure conducting campus foot/bike patrols for extended periods of time? YES _____ NO _____

2. The program necessitates that patrols are generally conducted four nights a week from 8:00pm through 12:00am Sunday, Wednesday and Thursday nights, and as late as 2:00am on Friday and Saturday nights. The program further necessitates that all members of the program are available to work on weekends as well as weeknights.
 - a. Would working these hours conflict with your academic schedules? _____
 - b. Would working weekends be a problem for you? YES _____ NO _____
 - c. All student patrollers must work 8 hours each week. How many hours each week could you devote to this program? (_____)

3. The student patrol is without a doubt, the most serious student assistant position on campus. All rules and regulations that are in place for the members of the program must be strictly adhered to. The student patrol members will be closely supervised to insure that there are no deviations from these rules and regulations. Would that pose a problem for you? YES _____ NO _____

4. How do you feel about taking directions from a fellow student?

5. The primary function of student patrol members is to OBSERVE and REPORT only, not to take direct action in any case. Do you feel that you could abide by that regulation at ALL times? YES _____ NO _____

6. Attendance of all student patrol members will be closely monitored. Repeat instances of absenteeism may be cause for dismissal, as this will adversely affect the mission of the program. Do you understand that the importance of reporting for work (on time and as scheduled) plays an integral part of the success of this program? YES _____ NO _____

7. This program will require a cooperative effort from all members of the program. Do you consider yourself a team player? YES _____ NO _____

8. What other type of employment have you held?

9. Do you think that your former employers would give you a good recommendation? YES _____ NO _____ Explain _____

INTERVIEW QUESTIONS

10. What is your ultimate employment goal after graduation?

11. How were your grades for the last two years?

Poor_____ Fair_____ Average_____ Above average_____

12. Do you have a work study award? YES_____ NO_____

Amount per semester? \$ _____

**PLEASE EXPLAIN BRIEFLY WHY YOU ARE INTERESTED IN
BECOMING A MEMBER OF THE STUDENT PATROL PROGRAM.**

**PLEASE EXPLAIN BRIEFLY WHY YOU THINK THAT YOU COULD
CONTRIBUTE TO THE STUDENT PATROL PROGRAM**

PLEASE LIST THREE REFERENCES HERE:

FULL NAME: _____

ADDRESS:: _____

TELEPHONE NUMBER: _____

FULL NAME: _____

ADDRESS:: _____

TELEPHONE NUMBER: _____

FULL NAME: _____

ADDRESS:: _____

TELEPHONE NUMBER: _____

DATE OF APPLICATION ____/____/____

SIGNATURE OF APPLICATION: _____