

DEPARTMENT OF PUBLIC SAFETY  
STUDENT PATROL PROGRAM  
APPLICATION

NAME \_\_\_\_\_

(PLEASE PRINT)

HOME ADDRESS \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

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.

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 LIST THREE REFERENCES HERE:**

FULL NAME: \_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_

\*\*\*\*\*

FULL NAME: \_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_

FULL NAME: \_\_\_\_\_