



Resident Assistant Application

20__ - 20__

(Please type)

Please answer all questions thoroughly. Applications must be typed.

PERSONAL:

Name: _____ Student ID _____

Campus Room Assignment/ Local Address _____

UVI email address: _____@uvi.edu

Secondary email address: _____

Room and Cell phone number: (rm) _____ (cell) _____

Permanent Address: _____

Home phone: _____ Sex: Male _____ Female _____

Status: US Citizen _____ Non-US Citizen/ International _____

EDUCATIONAL:

Class Status (at the end of Spring 20__)

_____ Freshman (0-23.5 credits)

_____ Sophomore (24-59.5 credits)

_____ Junior (60-89.5 credits)

_____ Senior (90 and above credits)

_____ Graduate Student

Academic

Major: _____

Cumulative Grade Point Average _____

How many semesters have you lived in a residence hall? _____

How many credit hours do you plan to take Fall ____ _____

If selected as a Resident Assistant, could you reside in the residence hall for two full semesters during the academic year? Yes ____ No ____ If no, please explain.

Do you anticipate being involved in any other activities which will involve a major time commitment during the next academic year? Yes ____ No ____ If yes, please explain.

REFERENCES:

List three (3) individuals for whom you are submitting a reference form. At least two must be a faculty member. References may not include Student Housing Supervisors, family members or friends. Others may be current employers, former volunteer supervisors, instructors, etc. The individuals will need to complete the reference form and submit to the Office of Student Housing by March 1, 20____. It is the candidate's responsibility to make sure the references are submitted by March 1, 20____.

Reference Name: _____

Title: _____

Organization/Institution/Business: _____

Email address: _____

Telephone: _____

Reference Name: _____

Title: _____

Organization/Institution/Business: _____

Email address: _____

Telephone: _____

Reference Name: _____

Title: _____

Organization/Institution/Business: _____

Email address: _____

Telephone: _____

Please indicate your preferred residence hall to which you would like to be assigned if you were selected as a Resident Assistant. Please note: This is ONLY a PREFERENCE – You will be

interviewing for a position in any and all residence halls applicable. Please number in ranking order all that apply.

_____ North Residence Hall

_____ Middle Residence Hall

_____ South Residence Hall

_____ East Residence Hall

_____ *Delta M. Jackson Dorsch Complex

_____ West Residence Hall

*St. Croix campus only

SHORT ANSWER QUESTIONS (please type)

On a separate sheet(s) of paper, please respond to the following questions.

1. Why do you want to be a Resident Assistant? Describe an experience that will help you to succeed as a Resident Assistant.
2. Define "community" in terms of residential living communities.
3. Tell us about a group or organization in which you were a part. What about the experience was meaningful to you? What did you learn from the experience(s) that you feel will assist you in being successful as a Resident Assistant? What actions have you taken to build community of which you have been a part?
4. Which of the Resident Assistant roles will be the most challenging for you? What will you do to prepare yourself to succeed in that role? Which role do you expect to enjoy the most, and why?

PLEASE READ

Please initial each paragraph. Your initials indicate that you have read and understand the following:

_____ I understand that at the time of application for the Resident Assistant position, I must have at least 2.5 cumulative GPA

_____ I understand that I must completed 31 credit hours of coursework at University of the Virgin Islands by the start of the process

_____ I understand that I must be enrolled full-time as defined by the Office of the Registrar. I must be enrolled in no less than 12 hours per semester

The Family Education Rights and Privacy Act of 1974 (FERPA) gives students the right to inspect and review their confidential folders unless that right is waived. In accordance with the law, all applicants must indicate whether or not they voluntarily relinquish their rights to view confidential (reference) letters of recommendation that are part of the RA selection process. This choice will not affect your candidacy. Please select one of the statements below.

** I have read the above statement and:

_____ “I hereby waive the rights of access to my confidential file.” (You may still have a member of our staff review the information in the file with you, excluding confidential letters of recommendation.)

_____ “I do not waive the rights of access to my confidential file.” (You are permitted to personally review your entire file in the presence of a member of our staff.)

Applicant’s Signature _____

Date _____