Qualifications of Members

I. Must be full time students.

II. Must have lived on campus for at least 2 semesters and remain living on campus during their term.

III. Must have an overall GPA of 2.5 at the time of application and be in good standing with Housing and the University.

IV. Must demonstrate outstanding character as determined by a thorough investigation by the DHRL and a criminal background check.

Selection of Members

1. All candidates submit a completed application with (1) a signed, release, and (2) a transcript printed from their GoldLink account to the Department of Housing & Residence Life.

2. Candidates are interviewed by the Residence Hall Association executive officers, Director of Housing, and Assistant Director of Housing, who make a recommendation.

Remuneration
Maximum of $300 Rent Scholarship per semester
RESIDENCE HALL JUDICIAL BOARD APPLICATION

PLEASE RETURN TO: DEPARTMENT OF HOUSING & RESIDENCE LIFE
108 BURGIN DOSSETT HALL ~ P. O. BOX 70723

DATE: _______________ SEMESTER(S) YOU ARE APPLYING FOR: FALL 20__ SPR 20____

NAME: _______________________________________________________________

LAST   FIRST   MIDDLE   E NUMBER

HOME ADDRESS: __________________________________________________________

STREET   CITY   STATE   ZIP CODE

CAMPUS ADDRESS: _________________________________________________________

HALL   ROOM #   PHONE #   ETSU P.O. BOX

CLASSIFICATION_____ MAJOR________________________ CUMULATIVE GPA * _______

EMAIL ADDRESS ___________________________________________ CELL PHONE # ________________________

HOW LONG HAVE YOU LIVED IN A RESIDENCE HALL? _______________________________

HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTION FROM THE UNIVERSITY?
____ YES _____ NO   HAVE YOU EVER BEEN CHARGED OR FOUND GUILTY OF A
MISDEMEANOR OR FELONY? ____ YES ____ NO. IF YES TO EITHER QUESTION, EXPLAIN ON
THE BACK OF THIS FORM.

LIST YOUR EXTRA-CURRICULAR ACTIVITIES: ______________________________________

REFERENCES: GIVE NAME, ADDRESS, AND PHONE NUMBER FOR SUPERVISORS, FACULTY
MEMBERS, OR OTHER PERSONS (OTHER THAN FAMILY MEMBERS) WHO CAN SPEAK TO
YOUR ABILITIES AND CHARACTER.

1. ________________________________________________________________

2. ________________________________________________________________

I hereby certify that all entries on this application are true and complete and understand that all information is subject to
verification. I agree and understand that any falsification of information herein, regardless of discovery, may cause forfeiture on my
part to any appointment to the RHA Judicial Board at East Tennessee State University.

SIGNATURE_________________________________ DATE ______________________

(USE FULL LEGAL NAME)

ETSU’s campus safety report can be viewed at http://www.etsu.edu/dps/security_report.asp

ETSU is a Tennessee board of Regents institution and is fully in accord with the belief that educational and employment opportunities should be available to all
eligible persons without regard to age, gender, color, race, religion, national origin, disability, veteran status, or sexual orientation. Pursuant to T.C.A. 40-29-211, no
registered sexual offender or violent sexual offender whose victim was a minor may reside on the campus of ETSU.

Use the back of this form or another sheet of paper to state as concisely as possible your reasons for
applying for this position. Include your motivation, the characteristics which qualify you, and what you
expect to contribute to and gain from the position. *SUBMIT THIS FORM WITH A COPY OF
YOUR UNOFFICIAL TRANSCRIPT PRINTED FROM GOLDLINK.
Department of Housing & Residence Life
Authorization to Release Information

NAME ______________________________________ _______________________________________ ____________________________

Last First Middle

OTHER NAMES USED _________________________________________________________________________________________
(AKA’s, Prior Marriages, Maiden)

BIRTH DATE ____________________________ SOCIAL SECURITY NUMBER _________________________________

TO WHOM IT MAY CONCERN:
When presented with a copy of this waiver I respectfully request and authorize you to furnish the East Tennessee State
University Department of Public Safety any and all information for use in determining my qualifications. I authorize the
disclosure and release of any and all information that you may have concerning me, including information of a confiden-
tial or privileged nature, or any data or material which has been sealed or agreed to be withheld pursuant to any prior
agreement or court proceeding including disciplinary matters. This includes, but is not limited to, the release of em-
ployment files, personnel records, background investigation files, disciplinary records, any and all internal affairs inves-
tigations, complaints or grievances filed by or against me, training files, arrest, criminal, probation and driving records,
polygraph and psychological examinations, opinions, and evaluations, military, financial, credit, academic, medical in-
cluding physical or mental reports, or any other reports. This also includes photocopies of the above material.

I understand that I will not receive and am not entitled to know the contents of confidential reports received and I fur-
ther understand that these reports are privileged.

I hereby release you, your organization, their agents and representatives, and any person furnishing information, from
any and all liability and or damage which may result from furnishing the above information. A photocopy of this release
is to be considered as valid as an original. This release will expire one (1) year after the date signed.

SIGNATURE ____________________________________________________________ DATE ______________________________

STATE OF TENNESSEE
COUNTY OF WASHINGTON

KNOW ALL MEN BY THESE PRESENTS that on the ____________ day of ___________________________ 20______, personally
appeared before me the undersigned authority and upon being duly sworn, did acknowledge that he had voluntarily ex-
cuted the above instrument for the purposes therein expressed.

_________________________________________________________
Signature of Applicant

Sworn to and subscribed before me the ______________ day of _____________________________, 20______.

________________________________________________________
NOTARY PUBLIC IN AND FOR WASHINGTON COUNTY, TN

MY COMMISSION EXPIRES __________________________________________