



RHA

JUDICIAL BOARD APPLICATION

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 by the ETSU Department of Public Safety.

Selection of Members

1. All candidates submit a completed application with (1) a signed, notarized 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

In compliance with the RHA Constitution, Hall Council presidents, RHA officers, RAs, ARDs, and RDs may not apply.

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 confidential 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 employment files, personnel records, background investigation files, disciplinary records, any and all internal affairs investigations, 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 including 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 further 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 executed 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 _____