Student Orientation Services Team Program

Requirements:

- Must have a Cumulative GPA of 2.80 or Higher
- Must be enrolled for a minimum of six credits
- Must be willing to commit to 24 hours of community service per semester
- Must be able to attend mandatory training workshops, retreats and monthly leadership forums
- Must provide support to Campus Community at Designated Events
- Must have no record of university disciplinary incidents
- Must have enthusiasm, dependability, maturity, initiative, dedication, ethics, leadership qualities, interpersonal skills and a genuine interest in professional growth and community service.

Documents Needed:

- Application
- Resume
- Two Names of References
2021-2022 SOS Team Application Form
(Please print clearly)

Full Name: _________________________________________________________

CUNYFirst ID#: _________________________________________________________

Address: _________________________________________________________

City ___________________ State _____ Zip Code _______________

Home Phone  __________________ Mobile___________________ Work ______________

E-mail: ______________________________________________________________
(Please Print)

Parent/Guardian’s Name: ______________________________________________

In case of emergency, please contact: _______________________________________

Emergency phone#: _____________________________________________________

Applicant’s Classification (circle one): Freshman Sophomore

Birthdate: ______________

Major: ______________________

Cumulative GPA: ____________ Expected Date of Graduation: _____/____

I have read and understand the Student Leadership Academy Program description and requirements. Furthermore, I affirm that the information that I have provided in this application is factual. I understand that any false statements provided in this application will automatically disqualify me as a candidate for the Student Leadership Academy Program. Since the Student Leadership Program carries with it privileges and responsibilities, I hereby give permission to the Office of Student Leadership and the Student Leadership Coordinator to access my academic and judicial records with Hostos and CUNY. This information will be used for the sole purpose of determining minimal qualifications for my eligibility to participate in this program.

Signature / Print Name / Date
Applicant’s Name: ____________________________________________

(Please print clearly)

1) Why would you like to be a member of the Student Leadership Academy?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2) What skills or qualities do you feel that you possess that will contribute to the Student Orientation Services Team Program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3) Are you a member of any clubs or organizations on the Hostos campus? Do you hold any executive positions?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4) What campus activities have you assisted at or been a part of in your time here at Hostos?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5) What, if any, community service activities have you participated in over the past year?

________________________________________________________________________
________________________________________________________________________
Applicant’s Name: ______________________________________________
(Please print clearly)

Please list the name and phone number of two references from whom you are requesting a recommendation. These should be HCC faculty or staff members.

Name: ____________________________ Phone Number: ______________

Name: ____________________________ Phone Number: ______________

Please have each of your references complete the following Recommendation Forms and return with their Letter of Recommendation.

All forms must be submitted to Jlibfeld@hostos.cuny.edu.