



**New Student Orientation Leader  
Volunteer Description and Commitment Contract**

**Mission Statement for New Patriot Orientation**

*“Orientation is the best opportunity for Parker University to introduce a strong learning environment, build the foundations for academic success, welcome students to campus, promote student interactions with their cohort, and convey the values and traditions of their new university.”*

**Orientation Leader**

The Orientation Leader is a leadership opportunity that involves planning, preparing and organizing New Student Orientation Sessions. This student must be able to think outside of the box, be creative and think of new ideas and work on a team. This position includes project management tasks as well as administrative tasks. The Patriot Orientation Leader must serve on the new student orientation committee and will have to present ideas and information to the committee. This student should be able to gather ideas and thoughts from the committee and transform them into events for New Student Orientation. The student will have to work closely with the Parker University, staff, faculty and students.

- Communicate professionally via phone, e-mail and in person
- Work well on a team
- Knowledgeable of Parker University
- Work as a team with the Parker University staff and faculty, and the New Student Orientation committee
- Be able to complete work in a timely matter
- Understand training needs of Orientation Leaders
- Ability to present to a group
- Express ideas and thoughts to the group and/or committee
- Assist in the training process of new Orientation Leaders

**Desired Skills and Abilities**

- Ability to balance a variety of activities, including academics and extra-curricular activities.
- Be a full-time Parker University student.
- Be in good academic (GPA 2.75) and disciplinary standing.
- Possess strong communication skills.
- Have the ability to problem solve and manage conflict.
- Be a positive role model for incoming students.

**Compensation and Benefits**

- Non-paid position, volunteer only.
- Orientation Leader uniform shirts

### Mandatory Time Commitments

if you are selected to serve as a Patriot Orientation Leader, you **MUST** commit to all of the following

- Participate in all Patriot Orientation Leader trainings, dates set prior to start of Tri
- Attend retreat
- Actively participate in **two** of the following New Student Orientation Dates: Please select at least two dates that work best for you.

January 4 & 5, 2018

May 3 & 4, 2018

September 6 & 7, 2018

January 3 & 4, 2019

By signing below I certify that I have read, understand and agree to comply with the above requirements and time commitments. I understand that becoming an Orientation Leaders is a time commitment and am willing to fully participate as outlined above. I also understand that should I violate the above requirements and commitments my membership as an orientation leader may be terminated at the discretion of the Student Activities Coordinator.

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Print Name

Signature

Date

**OFFICE USE ONLY**  Approval by Student Activities Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Parker University Orientation Leader Application  
2017-2018 Academic Year  
Deadline: September 20, 2017

**INSTRUCTIONS:** Please print or type all information clearly and legibly. Completed applications must be submitted in person to Student Affairs in S209. *For efficient communication, you are asked to have an active e-mail account in which to receive additional information throughout the process.*

**Position you are applying for:**

Student Orientation Leader (Tri's 2-8 or completed at least 1 year of your degree program, new students will be considered with strong recommendation.)

**PERSONAL DATA**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

University Identification #: \_\_\_\_\_

Local Address:  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address:  
Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

Class: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Are you currently employed? \_\_\_\_\_ If so, how many hours per week? \_\_\_\_\_

Employer:  
Name and Title: \_\_\_\_\_

Address:  
Number and Street \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever worked for a Parker University department through Student Employment? \_\_\_\_\_  
*If previous employer was a Parker University department please provide department name, contact person and phone number.*

Department Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES**

Please list any student organizations and activities, honor societies, community services or volunteer experiences with which you have been involved through the present time and describe your level of participation. (Use an additional sheet, if necessary).

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**PERSONAL STATEMENT**

Why do you want to work for Student Affairs, specifically New Student Programs? (Use an additional sheet, if necessary).

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Describe one leadership opportunity you've had that prepared you for a position in Student Affairs.

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Please have your references submit their recommendations directly to Student Affairs, 2540 Walnut Hill Lane. Dallas, TX 75229 Suite S209. *If you choose to hand-deliver your letters with your completed application, please instruct your reference to place said form into a marked envelope, seal it, and sign across the seal.* If you have any questions please feel free to contact [sierra.jones@parker.edu](mailto:sierra.jones@parker.edu).

Below, list your references' name and telephone number.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*All information is true and accurate and I give Student Affairs permission to verify my records for academic, disciplinary standing, and enrollment status at Parker University.*

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

		Date received: _____
Notes: _____		
_____		
Meets GPA Requirement:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Letters of Recommendation: <input type="checkbox"/> YES <input type="checkbox"/> NO

# ORIENTATION LEADER RECOMMENDATION FORM

RECOMMENDATION FORMS MUST BE SUBMITTED to [sierra.jones@parker.edu](mailto:sierra.jones@parker.edu) or S209 by September 20, 2017

## STUDENT INFORMATION

\*To be completed by the student applying.

Student's Name: \_\_\_\_\_

Student's ID Number: \_\_\_\_\_

Student's Academic Program

- Chiropractic
- Anatomy and Physiology
- Diagnostic Sonography
- Massage Therapy
- Occupational Therapy Assistant
- Radiologic Technology
- Computer Information Systems
- Health Care Management
- Health Information Management
- Health Information Technology

Student's Anticipated Graduation Date (mm/yyyy): \_\_\_\_\_

*By signing this recommendation form, you authorize Parker University to discuss your qualifications for this position with the recommender listed. Should there be a need to follow up with the recommender, you give permission for staff members to discuss your qualifications within the scope of the position's interview process.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## RECOMMENDER INFORMATION

\*To be completed by the recommender.

Recommender's Name: \_\_\_\_\_ Relation to the Applicant: \_\_\_\_\_

Recommender's Title: \_\_\_\_\_

Are you an employee of Parker University?  Yes\*  No

\* If yes, what department? \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How long have you known the applicant?: \_\_\_\_\_

**Please rate the applicant's characteristics 1-10 with 1 being the lowest and 10 being the highest.**

<b>Reliability</b>									
1	2	3	4	5	6	7	8	9	10
<b>Motivation</b>									
1	2	3	4	5	6	7	8	9	10
<b>Level of Maturity</b>									
1	2	3	4	5	6	7	8	9	10
<b>Communication Skills</b>									
1	2	3	4	5	6	7	8	9	10
<b>Work Ethic</b>									
1	2	3	4	5	6	7	8	9	10
<b>Leadership</b>									
1	2	3	4	5	6	7	8	9	10
<b>Service</b>									
1	2	3	4	5	6	7	8	9	10

**Do you have any additional comments you would like the selection committee to consider?**

*By submitting and/or signing this form, you are recommending the above student to be a Parker University Student Ambassador. The information provided is to the best of your knowledge and experiences. You are authorizing Parker University staff members to contact you with further questions, should they need clarification.*

*This is confidential. I do not want the applicant to view this recommendation form.*

*This is not confidential. The applicant can view this recommendation form.*

\_\_\_\_\_  
Recommender's Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**  Updated Candidate File

Initials: \_\_\_\_\_ Date: \_\_\_\_\_