

DELTA STATE UNIVERSITY

CAREER SERVICES

CAREER AMBASSADOR PROGRAM (CAP) MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

____ New Applicant

____ Returning Ambassador

Date: / /

Birth Date: / /

Name:

First

Middle

Last

E-mail Address:

Mailing Address:

City:

State:

Zip:

Phone: (Local)

(Cell)

Major:

GPA:

Grad Date:

Classification: (Check the following that apply)

- Freshman
- Sophomore
- Junior
- Senior
- Other _____

- Grad Student 1st Year
- Grad Student 2nd Year
- Grad Student 3rd Year
- Grad Student 3+ Years

What will you gain from participating in this program?

What will you bring to the program that will benefit your fellow Ambassadors?

****In addition to this application, the attached recommendation form or one letter of recommendation from a DSU faculty, staff member or instructor must be submitted via mail, fax or email and your resume.****

By signing this form, I verify that the above information is correct.

Signature: _____ Date: _____



CAREER SERVICES

CAREER AMBASSADOR PROGRAM (CAP)
RECOMMENDATION FORM
(To Be Filled Out By a Person Other than Applicant)

Applicant's Name: _____

(By having the recommendation form completed on your behalf, you are waiving your right to access its contents at a later date.)

To the recommender: Thank you for agreeing to complete this recommendation form. The above noted individual is a volunteer for the Career Ambassador Program. Career Ambassadors are undergraduate and graduate students who help promote and market the Career Services programs throughout the campus. Using your knowledge of this individual, please type or print legibly your responses to the following questions. Feel free to attach additional pages and/or to respond on your own stationery-just make sure that this form is included with your response. Please put this completed recommendation form (and any attachments, if applicable) in a sealed envelope and return it to:

Career Ambassador Program
Career Services and Placement Office
Box 3174
Cleveland, MS 38733

(Or you may fax the completed recommendation form (and any attachments) to the Career Services Office at 662.846.4680.)

(If you fax the recommendation form, it is not necessary to mail the hard copy).

For how long, and in what capacity (capacities), have you known this applicant? _____

Please evaluate this applicant on each of the following characteristics:

Table with 6 columns: Characteristic, Excellent, Good, Average, Poor, No Basis for Judgment. Rows include Oral Communication Skills, Creativity, Reliability and Dependability, Leadership, Ability to work as a Team Player, Pride in Delta State University, and Enthusiasm and Friendliness.

Signature: _____

Today's Date: _____

Print Name: _____

Title: _____

Affiliation: _____

Phone Number: _____