



## **Student Board Member Application [2017-18]**

*Applications are now being sought for The Order of Omega student board member position.  
Candidates can now be from any region.*

### **Position Description**

*The position of Student Member of The Order of Omega Board of Directors requires that the person selected:*

- Be aware of the current issues, problems, and concerns facing Fraternity/Sorority members across the country;
- Be able to speak for and represent a cross-section of the student members of the Order of Omega;
- Be mature in attitude and judgment;
- Attend the summer board meeting following selection to the position (July 13-16, 2017), the winter board meeting (December 1 – December 3, 2017), as well as the summer meeting concluding his/her year of service (July 2018) **[All expenses for these meetings will be paid by Order of Omega];**
- Be responsible for a student project; and
- Orient the next student selected to this position

### **Qualifications**

*In order to qualify for The Order of Omega Student Board Member position, a student must:*

- Be an undergraduate in good standing with the institution during the term of office;
- Be actively involved in the Order of Omega chapter of his/her campus;
- Be an exemplary student with proven academic success; and
- Be supported by the Fraternity/Sorority Life professional on his/her campus.

**Applications must be postmarked OR e-mail date stamped no later than Friday, March 24, 2017**

*Mailing Address:*

**Order of Omega  
300 E. Border Street  
Arlington, TX 76010**

*Email Address:*

**[hq@orderofomega.org](mailto:hq@orderofomega.org)**

For questions, please contact Mike Taddesse at Headquarters at 817.265.4074 or [michael@orderofomega.org](mailto:michael@orderofomega.org)

Please type or print clearly. Do not attach personal resumes.

FULL NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_  
Street or P.O. Box/Apt. # City, State Zip

PERMANENT MAILING ADDRESS: \_\_\_\_\_  
Street or P.O. Box/Apt. # City, State Zip

E-MAIL ADDRESS: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

PUBLIC/PRIVATE: \_\_\_\_\_ UNDERGRADUATE POPULATION: \_\_\_\_\_

QUARTER/SEMESTER: \_\_\_\_\_ CREDIT HOURS COMPLETED: \_\_\_\_\_

ACADEMIC MAJOR: \_\_\_\_\_

CUMULATIVE GPA: \_\_\_\_\_ ON A \_\_\_\_\_ POINT SYSTEM  
(3.0, 4.0, 5.0)

CLASSIFICATION: JR SR EXPECTED GRADUATION DATE: \_\_\_\_/\_\_\_\_  
Month Year

**\*\*Please provide a headshot photo, which may be used for publicity purposes.**

### I. FRATERNAL CONTRIBUTIONS

Sorority/Fraternity Affiliation: \_\_\_\_\_ Number Currently in Chapter: \_\_\_\_\_

List all offices, committee chairs, committee assignments, etc. within your fraternity or sorority. If title is not self-explanatory, please describe in last column.

Position	Begun/Ended	Description of role/responsibility
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### II. ORDER OF OMEGA CONTRIBUTIONS

Chapter: \_\_\_\_\_ Current Number of Members: \_\_\_\_\_

List all offices, committee chairs, committee assignments, etc. within your Order of Omega Chapter. If title is not self-explanatory, please describe in last column.

Position	Begun/Ended	Description of role/responsibility
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### III. FRATERNITY/SORORITY LIFE (F/S) COMMUNITY CONTRIBUTIONS

Number of F/S Chapters: \_\_\_\_\_ Total # of F/S Members: \_\_\_\_\_

List all offices, committee chairs, committee assignments, etc. within your campus F/S Community. If title is not self-explanatory, please describe in last column.

Position	Begun/Ended	Description of role/responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### IV. CAMPUS INVOLVEMENT

List other campus organizations (other than fraternal) to which you belong and offices held. Please provide explanations as necessary to assist the selection committee.

Organization/Affiliation	From/To	Offices Held	From/To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### V. HONORS AND AWARDS

List other campus organizations (other than fraternal) to which you belong and offices held. Please provide explanations as necessary to assist the selection committee.

Honor/Award	Description/Basis for Selection	Presented by	Year	# Given/Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## VI. STATEMENTS OF APPLICANT

**Attach a one page typewritten response to each of the following statements/questions.**

- A. Please describe one of the most difficult challenges you have faced as a F/S member on your campus and how you met the challenge.
  - B. What do you perceive to be the major issues facing F/SL systems across the country and how can Order of Omega assist in addressing those issues?
  - C. What do you consider to be your greatest strength when working as a part of a group?
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## VII. APPLICANT'S SIGNATURE AND RELEASE

*I hereby give my consent for the release of the contents of this application for use by Order of Omega personnel for all related purposes for my consideration for this position. All the information submitted is true and correct and may be used for press releases.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## VIII. FRATERNITY/SORORITY LIFE PROFESSIONAL'S SIGNATURE AND VERIFICATION

*To the best of my knowledge the information contained in this application is an accurate representation to the student's involvement on campus. The academic information regarding grade point average and hours earned have been check and certified as accurate. Please attach a letter of recommendation as well.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Print/Type Name

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City, State Zip