



Student Board Member Application [2023-2024]

*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, 2023), as well as the summer meeting concluding their year of service (July 2024) [**All expenses for these meetings will be paid by Order of Omega**];
- Hold semesterly virtual Presidents' Roundtable.
- Assist with social media initiatives.
- Orient/train 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 active member of and be involved in the Order of Omega chapter of their campus;
- Be an exemplary student with proven academic success; and
- Be supported by the Fraternity/Sorority Life professional on their campus.

Applications must be postmarked OR e-mail date stamped no later than FRI. APRIL 14, 2023

Mailing Address:

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

Email Address:

hq@orderofomega.org

For questions, please contact Mike Taddesse at Headquarters at 817.265.4074 or michael@orderofomega.org

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