**MESSIAH COLLEGE**

**RESIDENT ASSISTANT APPLICATION** Part II

**2016-2017**

Name: Click here to enter text.

**Personal Responses:**

Pleaserespond to the following questions. Answers to each question should be 250 words or less.

1. How have you contributed to your current residence hall or apartment?

Click here to enter text.

1. What do you hope to gain personally from another year of service in a Residence Life position?

Click here to enter text.

1. What are some of the strengths that you have learned about yourself while being an RA? How might these strengths enhance your staff and your residents?

Click here to enter text.

1. What would you like to do differently next year if given the opportunity?

Click here to enter text.

1. Apartment Question: If you were hired for an RA positon in the apartments, what type of community would you desire for your building and how do you see your Residence Life role impacting the community? (Only answer if you are open to working as an RA in the apartments).

Click here to enter text.

1. SRA/ARD position: How would you manage the additional duties of the SRA/ARD position, including administrative responsibilities and increased leadership? (Only answer if you are applying for an SRA/ARD position).

Click here to enter text.

**References:**

Reference form links should be emailed to two people of your choosing: Your co-RA (if you don’t have a co-RA then another person from your staff), and a resident from your floor. **All reference forms must be completed by Friday January 16th, 2015.**

List the names, e-mail addresses and phone numbers of the two people to whom you have given your reference forms.

Name: Click here to enter text. Title or Position: **Resident Assistant**

E-mail: Click here to enter text. Phone number: Click here to enter text.

Name: Click here to enter text. Title or Position: **Resident**

E-mail: Click here to enter text. Phone number: Click here to enter text.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, waive my rights to review any references received by Residence Life.

**Records Release Authorization:**

I understand that facts relating to my disciplinary record, medical and/or psychological condition, or disability, if any, may be relevant to my fulfilling the position of Resident Assistant. By signing this authorization, I consent to the release of the following information to the Director of Residence Life.

 1. I authorize the Dean of Students and/or the Department of Safety Director to release information from my disciplinary records. I understand that this information will relate to the nature and disposition of any disciplinary infractions and/or violations of law by me which may be reflected in the records of Messiah College.

2. I authorize the Office of Residence Life to include my name in a list of prospective resident assistants to be forwarded to the Director of Counseling and Health Services. I understand that if the Director of Counseling and Health Services determines that a medical and/or psychological concern may exist which could seriously affect my fitness to be a Resident Assistant, he/she will notify me of the concern and prior to disclosing that concern to the Director of Residence Life. I understand that I will be told what information is forwarded to the Director of Residence Life.

3. I authorize the Office of Residence Life to include my name in a list of prospective resident assistants to be forwarded to the Director of Disability Services. I understand that if the Director of Disability Services determines that a disability-related concern may exist which could seriously affect my fitness to be a Resident Assistant, he/she will notify me of the concern and prior to disclosing that concern to the Director of Residence Life. I understand that I will be told what information is forwarded to the Director of Residence Life.

I understand that any information released as described in this authorization will be kept confidential by the Office of Residence Life and will be used only to assess the suitability of being a Resident Assistant.

Applicant’s Signature Required:Click here to enter text. Date: Click here to enter text.

I certify that all information provided by me in this application is correct and accurate to the best of my knowledge.

Applicant’s Signature Required: Click here to enter text. Date: Click here to enter text.

***Please save this application as your last name and first initial and email it to*** [***housing@messiah.edu***](mailto:housing@messiah.edu) ***by 11:59 p.m. on Wednesday January 20th***