



Senate Application Form

Associated Students, Inc.
California State University Fresno
USU Room 316-317
5280 N. Jackson Ave. M/S SU-32
Fresno, CA 93740-8023

Application Date: _____

Personal Information:

Full Name: _____ ID Number: _____

Street Address: _____ Currently Enrolled in _____ Units
City: _____ State: _____ Zip: _____

Preferred Phone: _____ E-Mail: _____

Major: _____ Year in School: _____

Is this at least your 2nd semester at Fresno State? Yes No

Interest:

If you are not recommended for a Senate position, would you be willing to serve in another position?

Yes No If so, which one? _____

Why are you interested in serving on the ASI Senate?

What are some of your personal strengths that make you qualified for this position?

What are your goals as a Senator?

Weekly Schedule:

Please check the following times you ARE available during the week:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 – 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 – 10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 – 11:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 – 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 – 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 – 2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 – 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 – 4: 00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 – 5:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn in or mail all applications to the ASI office:

Attn: Office of University Affairs
USU Room 316 -317
5280 N. Jackson Ave. M/S SU-32
Fresno, CA 93740-8023

Or e-mail a complete copy to:

Cynthia Dolan
ASI Office Manager
Associated Students, Inc.
cdolan@csufresno.edu