

# Want to get involved but don't know where to start?

Fill out and return this form to the Student Involvement Center in USU 306 or to [getinvolved@csufresno.edu](mailto:getinvolved@csufresno.edu) to meet with a Campus Involvement Ambassador.

**You will receive a personalized list of recommended student clubs and organizations!**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender:  Female  Male  Transgender  Decline to State

Are you living on campus in University Courtyard during the academic year?  Yes  No

Class Standing:  Freshman  Sophomore  Junior  Senior  Graduate Student

What is your major, and if applicable, your minor?

Are you interested in becoming involved with clubs, organizations, or programs within your major?  Yes  No

What were you involved in during high school, if applicable?

What are some of your interests? (Please select no more than 8)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Agriculture                         | <input type="checkbox"/> Business/Finance/Accounting           | <input type="checkbox"/> Community Service                  |
| <input type="checkbox"/> Dancing                             | <input type="checkbox"/> Diversity                             | <input type="checkbox"/> Education                          |
| <input type="checkbox"/> Event/Concert Planning              | <input type="checkbox"/> Film/Movies/Radio                     | <input type="checkbox"/> Foreign Language                   |
| <input type="checkbox"/> Global Awareness                    | <input type="checkbox"/> Greek Life/ Fraternities & Sororities | <input type="checkbox"/> Health & Wellness                  |
| <input type="checkbox"/> Honor Societies (Academic)          | <input type="checkbox"/> Law                                   | <input type="checkbox"/> Leadership                         |
| <input type="checkbox"/> Literary Arts                       | <input type="checkbox"/> Marketing/PR/Advertising              | <input type="checkbox"/> Music                              |
| <input type="checkbox"/> Politics/Foreign Relations          | <input type="checkbox"/> Recreation                            | <input type="checkbox"/> Religious/Spiritual                |
| <input type="checkbox"/> Science & Mathematics               | <input type="checkbox"/> Social Justice/Human Rights           | <input type="checkbox"/> Sports ( <i>specify in other</i> ) |
| <input type="checkbox"/> Student Advocacy/Government         | <input type="checkbox"/> Study Abroad                          | <input type="checkbox"/> Technology                         |
| <input type="checkbox"/> Theater Arts/Stage Productions      | <input type="checkbox"/> Visual Arts                           | <input type="checkbox"/> Games                              |
| <input type="checkbox"/> Professional Development/Networking | <input type="checkbox"/> Discussions/Debates                   | <input type="checkbox"/> Outdoor Activities                 |
| <input type="checkbox"/> Other: _____                        |  |   |

Which communities do you most closely identify with, if any?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> African-American/Black            | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Buddhist                 |
| <input type="checkbox"/> Christian                         | <input type="checkbox"/> Democrat               | <input type="checkbox"/> Feminist                 |
| <input type="checkbox"/> First Generation College Student  | <input type="checkbox"/> Free Thinker/Agnostic  | <input type="checkbox"/> Hispanic                 |
| <input type="checkbox"/> Independent/Other Political Party | <input type="checkbox"/> International Student  | <input type="checkbox"/> Jewish                   |
| <input type="checkbox"/> LGBTQIA                           | <input type="checkbox"/> Muslim                 | <input type="checkbox"/> Person with a disability |
| <input type="checkbox"/> Republican                        | <input type="checkbox"/> Veteran                | <input type="checkbox"/> Other: _____             |

Please feel free to tell us anything else about yourself that may help us point you in the right direction:

\_\_\_\_\_