

Associated Students Organization
of El Camino College

**APPLICATION FOR APPOINTMENT
TO A POSITION IN STUDENT GOVERNMENT**

DIRECTIONS: Complete this application including the attachments and submit it to the ASO President. Please note that other ECC students may view the information on this application.

ATTACH THE FOLLOWING TO THIS APPLICATION

1. PHOTO COPY of your ECC Student ID Card showing a current ASB VALID STICKER.
2. A LETTER about yourself, your expectations of ASO, and the ideas you would like to bring forth to this organization.
3. YOUR SCHEDULE (see attached).

QUALIFICATIONS FOR STUDENT GOVERNMENT OFFICE (except for Student Trustee):

- A. Hold a minimum of six units at El Camino College (*DISABLED students who are limited to fewer than six units by a Special Resource Center counselor may qualify for an exemption if enrolled in at least three units*).
- B. Hold a valid student I.D. card. (Must have paid \$10 for a current "ASB VALID" sticker on your photo ID card).
- C. Have a grade point average of 2.0 (C) or better in past and present courses.
- D. Completion of no more than five semesters or 3 academic years of service in student government at ECC in any of the following: Student Senate, Division Council, Inter-Club Council, Activities Committee, campus committee, or a club as a club president).

YOUR NAME (please print): _____

STUDENT I.D. NUMBER: _____

PLEASE INDICATE A PHONE NUMBER AND/OR EMAIL ADDRESS WHERE YOU CAN BE REACHED:

PHONE: _____ Best time to Call? _____

EMAIL ADDRESS: _____

WHAT SPECIFIC POSITION OR AREA, WITHIN THE ASSOCIATED STUDENTS, ARE YOU INTERESTED IN?

DECLARED MAJOR: _____

ARE YOU EMPLOYED FOR MORE THAN 20 HRS/WK? _____

LIST ALL ASSOCIATIONS (MEMBERSHIPS) YOU HAVE BELONGED TO IN THE PAST TWO YEARS (CAMPUS, COMMUNITY, CHURCH, ETC.) _____

HOW DID YOU FIND OUT ABOUT THE ASSOCIATED STUDENTS? _____

I hereby give my permission for the Student Development Office to verify my eligibility qualifications, however I understand that the information that I have included on this application may be shared with other ECC students.

YOUR SIGNATURE: _____ **DATE:** _____

ADVISER REVIEWING QUALIFICATIONS	IS THIS STUDENT ELIGIBLE FOR OFFICE?	DATE

EL CAMINO COLLEGE STUDENT SCHEDULE

INDICATE YEAR: FALL _____ or SPRING _____

Print Your Name: _____

Organization Position: _____

***PLEASE NOTE: This information may be given to other students
(do not include information that you wish to remain private)***

Mailing Address: _____

City: _____ Zip: _____

Home Phone (_____) _____ Cell Phone (_____) _____

Other Phone (_____) _____

E-mail address: _____

***Please block off your schedule as follows: "CLASS", "WORK", "FREE" (for meetings, etc)
Also indicate other activities that you attend regularly***

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					
6:00					
6:30					
7:00					
7:30					
8:00					