



Program Council SAM HOUSTON STATE UNIVERSITY

2022-2023 Board Member Application

Program Council (PC) is the official programming board of Sam Houston State University. PC plans and implements a wide range of social events that foster community on campus. Through an average of 60 events a year, PC aims to provide the SHSU student body with the quintessential Bearkat experience. We are seeking motivated, creative, detail-oriented individuals who are passionate about putting on great events for the SHSU study body. Apply today and help create community and memories on campus!

Overview of PC Board Member Position

PC Board Members are employed by the Sam Houston State University Department of Student Activities. Each new Student Event Coordinator is:

- Paid \$8.00 an hour for 10 hours per week plus events
- A full academic year commitment

Summary of Job Duties and Responsibilities

Becoming a PC Board Member means that you are dedicated to serving your peers by cultivating engagement and Bearkat pride. Each position on the board has unique duties associated with the position, but below are the responsibilities and job duties for all positions:

- Play a vital role in developing a lively and vibrant community on campus by supporting, organizing, and executing Program Council events.
- Attend weekly Program Council meetings held on Mondays from 3:00-4:00 PM.
- Perform regularly scheduled administrative office hours each week.
- Be available for at least 80% of all scheduled Program Council events and attend all events when not in regularly scheduled classes. Board Members spend an average of 3-6 hours per week coordinating and/or supporting events.
- Market and promote all Program Council events by encouraging attendance among classmates, the general student body, and within your own personal networks and communities.
- Attend training, retreats, and leadership programs.
- Operate with a clear understanding of the University's mission, policies, and procedures.

Summary of Job Benefits

PC Board Members are provided with numerous benefits through both on-the-job experience and other supplemental development opportunities. Below are some of the benefits students can anticipate gaining as a result of being a part of the SHSU Program Council

- Will develop an overall understanding of event management as it relates to large-scale event planning, budgeting, leadership, publicity, collaboration, communication, creativity, and navigating resources and policies and more!
- Will develop leadership abilities through training sessions, hands-on event management experience, and team building opportunities.
- Personal growth and development around leadership, planning, collaboration, time management, and fiscal responsibility.
- Exposure to various learning experiences that foster personal and professional growth that prepare students for life after college.

Summary of Job Qualifications

PC Board Members serve as campus leaders who are individually responsible, work well in a dynamic team environment, and are enthusiastic about providing each student with an experience unique to being a SHSU Bearkat. Below are the necessary qualifications to serve as a PC Board Member:

- Be a SHSU undergraduate student.
- Maintain at least a 2.5 GPA or higher.
- Enroll in a minimum of 9 credit hours during the fall and spring semesters.
- Be in good standing with Sam Houston State University.
- Commit to serve an entire academic year (August through May).
- Be available for at least 80% of all scheduled Program Council events.
- Attend all mandatory retreats.
- Attend mandatory training sessions (held 1-2 weeks prior to the start of classes).
- Be willing to do public speaking and recruitment.
- Serve as a positive role model and mentor to peers.
- Encourage students to explore and become involved in a variety of curricular and co-curricular activities on campus and in the community.
- Be a positive source of energy and information to others.
- Must be able and willing to lift a minimum of 15lbs.
- Employment outside of Program Council must not exceed 12 hours per week.
- Have a desire to represent student interests, serve in a leadership capacity, and learn a variety of leadership and communication skills.



Program Council
SAM HOUSTON STATE UNIVERSITY

Advisor: Dr. Rachel Valle | Associate Director of Student Activities | Rachel.Valle@shsu.edu



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PART I: APPLICANT INFORMATION

Name:	_____	Preferred Pronouns:	_____
Student ID Number:	_____	Phone:	_____
	_____	Email:	_____
Current Address:	_____		
Classification	Freshman	Sophomore	Junior
	Senior	Current GPA:	_____
Major:	Anticipated Graduation Date: _____		

References

Name:	Relation to Reference:	Phone:
(1)	_____	_____
(2)	_____	_____

Requirement Questions

Please read and answer the following Questions:

Select One:

Will you be able to fill the position you are applying for until May 2023?	YES	NO
Are you available to attend weekly mandatory Board meetings on Mondays from 3:00-4:00 PM?	YES	NO
Are you comfortable with performing multiple public speaking and recruitment activities?	YES	NO
Are you or will you be available for at least 80% of the fall 2022 scheduled Program Council events? See attached tentative fall PC events calendar.	YES	NO

Additional Documentation Needed

Please attach the following to your application:

- Attach your Resume.
- Attach your FALL 2022 class schedule (if available).
- Attach any other relevant schedules such as on- or off- campus employment, athletics, internship, etc.
- Completed Texas Application for Employment (attached)

Continue to next page for Part II of Application.



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PART II: OPEN-ANSWER QUESTIONS

On a separate document, please type your answers to the following questions and submit along with your application.

1. Why are you the ideal candidate for this position?
2. What is your understanding of what Program Council is and does on campus?
3. What is one Program Council event you have previously attended and what did you enjoy about this event? In your opinion, how did this event benefit the campus and student body?
4. What do you hope to gain from serving as a Board Member on the SHSU Program Council?
5. Describe what role you feel Program Council plays at SHSU. What role would you like to see Program Council have on this campus?
6. What additional time commitments will you be involved with during the academic year (student teaching, other organizations, athletics, leadership positions, job, etc.)?

Disclaimer and Signature

I, _____, certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that any false or misleading information in my application or interview may result in my release.

Applicant Signature:

Date:

Thank you for completing the SHSU Program Council Board Member Application.
Please submit this application and all of the materials listed above to

Rachel.Valle@shsu.edu or LSC 317.

Applications due by August 1, 2022



Program Council
SAM HOUSTON STATE UNIVERSITY

FALL 2022

AUGUST

Monday, August 22 nd	Bearkat Picnic	11:00 AM-1:00 PM	Austin Hall Quad
Monday, August 22 nd	Feast with the Raven	5:00-7:00 PM	Dining Halls
Thursday, August 25 th	Virtual Bingo	4:00 PM	Zoom
Monday, August 29 th	Bingo Night	6:00-7:30 PM	Orange Ballroom

SEPTEMBER

Thursday, September 8 th	Thursday Thrills	1:00-2:30 PM	LSC Yard
Tuesday, September 13 th	General Interest Meeting	3:00 PM	LSC 322
Wednesday, September 14 th	FYI There's a DIY	12:30-2:00 PM	LSC Yard
Wednesday, September 21 st	Miss Sam Houston Info. Session	3:30-4:30 PM	LSC 230B
Wednesday, September 21 st	Cupcake Wars	6:00 PM	White Ballroom
Thursday, September 22 nd	Virtual Bingo	4:00 PM	Zoom
Tuesday, September 27 th	Miss Sam Houston Info. Session	3:30-4:30 PM	LSC 230B
Tuesday, September 27 th	Bingo Night	6:00-7:30 PM	Orange Ballroom

OCTOBER

Wednesday, October 5 th	FYI There's a DIY	12:30-2:00 PM	LSC Yard
Tuesday, October 11 th	Virtual Bingo	4:00 PM	Zoom
Thursday, October 13 th	Thursday Thrills	1:00-2:30 PM	LSC Yard
Tuesday, October 18 th	General Interest Meeting	3:00 PM	LSC 322
Wednesday, October 19 th	Miss Sam Houston Emcee Auditions	4:00-5:00 PM	Orange Ballroom
Wednesday, October 19 th	Bingo Night	6:00-7:30 PM	Orange Ballroom
Wednesday, October 26 th	Takeover	7:00-10:00 PM	LSC Expansion

NOVEMBER

Tuesday, November 1 st	Virtual Bingo	4:00 PM	Zoom
Thursday, November 3 rd	Thursday Thrills	1:00-2:30 PM	LSC Yard
Wednesday, November 9 th	Bingo Night	6:00-7:30 PM	Orange Ballroom
Tuesday, November 15 th	General Interest Meeting	3:00 PM	LSC 322
Wednesday, November 16 th	FYI There's a DIY	12:30-2:00 PM	LSC Yard

DECEMBER

Monday, December 5 th	Exam Cram	1:00-5:00 PM	Orange Ballroom
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THE STATE OF TEXAS APPLICATION FOR EMPLOYMENT

For State Agency Use Only

Date received _____

Time received _____

Received by _____

Job Applicant No. _____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. The State of Texas is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed.** **Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023 and 559.004.)

NAME

(Last)

(First)

(Middle)

(Daytime Phone)

MAILING ADDRESS

(Street)

(City)

(State)

(Zip)

(Country)

(Work Phone, Optional)

E-MAIL ADDRESS

List any other names used if different from name on this application.

List exact title of position or type of work and location for which you wish to apply:	Job Posting Number	Closing Date
List the state agency with which you wish to apply:	Do you have any relatives working for this agency? If so, list names and relationships:	

Full-Time ☐ Part-Time ☐ Summer ☐ Temp/Project ☐ Date available for work? _____ Are you at least 17 years of age? Yes ☐ No ☐

Are you willing to work hours other than 8-5? Yes ☐ No ☐

What days are you unable to work? _____

Are you willing to travel? Yes ☐ No ☐

If yes, what percent of time? _____

Current Driver's License # (if required for position)

(State) (Number)

Commercial Driver's License Yes ☐ No ☐

Geographic preference. (Be specific to city/area. If no preference, write "statewide.")

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes ☐ No ☐ If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will. Note: Some state agencies may require additional information related to convictions of misdemeanors.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes ☐ No ☐ If yes, name and location of high school or GED institute: _____

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? _____

Sign Language (If required for this position) Yes ☐ No ☐

Are you a certified interpreter? Yes ☐ No ☐

Do you speak a language other than English? (If required for this position) Yes ☐ No ☐

If yes, what language(s) do you speak? _____

How fluently? Fair ☐ Good ☐ Excellent ☐

Do you write in a language other than English? (If required for this position) Yes ☐ No ☐

If yes, which language(s) _____

Have you ever been employed by the State of Texas? Yes ☐ No ☐

Are you currently employed by the State of Texas? Yes ☐ No ☐

If you have been previously employed by the State of Texas, list the agency/agencies:

FORMER FOSTER YOUTH (Verification may be required.)

Were you a foster youth under the Texas Department of Family and Protective Services on the day before your 18th birthday? Yes ☐ No ☐

If yes, are you currently 25 years of age or younger? Yes ☐ No ☐

MILITARY SERVICE (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes ☐ No ☐ If yes, list type of discharge _____

Dates of Service (From/To): _____

Are you a surviving spouse of a veteran who has not remarried? Yes ☐ No ☐

Are you a surviving orphan of a veteran Yes ☐ No ☐
killed while on active duty?

If yes, complete dates of service for veteran _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
4. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED SIGN HERE:

X

Signature – Applicant

Date

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER ADDRESSES MUST BE COMPLETE MAILING ADDRESSES, INCLUDING ZIP CODE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Name

Last

First

Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:							Immediate Supervisor Name: Title: Supervisor's Telephone No.:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.	\$			
Summary of experience including special training/skills/qualifications you have used in the performance of this job:									
Specific reason for leaving:									

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:							Immediate Supervisor Name: Title: Supervisor's Telephone No.:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:	Give average # of hours worked per week if part-time:
Mo.	Day	Yr.	Mo.	Day	Yr.	\$			
Summary of experience including special training/skills/qualifications you have used in the performance of this job:									
Specific reason for leaving:									

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:							Immediate Supervisor Name: Title: Supervisor's Telephone No.:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-managerial <input type="checkbox"/>		
						\$	Supervisory/Managerial <input type="checkbox"/>		

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.:							Immediate Supervisor Name: Title: Supervisor's Telephone No.:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/> Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/>	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.		Non-managerial <input type="checkbox"/>		
						\$	Supervisory/Managerial <input type="checkbox"/>		

Summary of experience including special training/skills/qualifications you have used in the performance of this job:

Specific reason for leaving:

APPLICANT EEO DATA FORM

For State Agency Use Only:

Applicant Number: _____

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number		2. Last Name (Type or Print)		First	Middle
3. Address		City	State	ZIP Code	4. Daytime Phone
5. Work Phone					
6. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female	7. Birth Date	8. Ethnic Origin <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian <input type="checkbox"/> I-American Indian or Alaskan Native <input type="checkbox"/> P-Native Hawaiian or Other Pacific Islander <input type="checkbox"/> M-Two or More Races			
9. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Surviving Spouse of Veteran who has not remarried <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Orphan of Veteran killed on active duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
		12. Former Texas Foster Youth 25 yrs of age or younger <input type="checkbox"/> Yes <input type="checkbox"/> No			

13. How did you **first** find out about this job?

- | | | |
|--|--|--|
| <input type="checkbox"/> 01 - Other State Employee | <input type="checkbox"/> 06 - Newspaper _____
Name of Newspaper | <input type="checkbox"/> 11 - WorkInTexas.com |
| <input type="checkbox"/> 02 - Job Fair | <input type="checkbox"/> 07 - College/University Career Day | <input type="checkbox"/> 12 - Other (specify): _____ |
| <input type="checkbox"/> 03 - Professional Publication | <input type="checkbox"/> 08 - Human Resource/Personnel Office | |
| <input type="checkbox"/> 04 - Recruitment Poster | <input type="checkbox"/> 09 - Radio | |
| <input type="checkbox"/> 05 - Television | <input type="checkbox"/> 10 - Agency Web Site - Internet | |

X

Signature – Applicant

Date

White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black – a person having origins in any of the black racial groups of Africa.

Hispanic – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native – a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races – a person who primarily identifies with two or more of the above race/ethnicity categories.

AN EQUAL OPPORTUNITY EMPLOYER