Date:					

Siena Heights University Department of Public Safety Dispatch Application Sheet

Name:		
	Phone #:	
School or Home Address:		
City:	State: Zip:	
Email :		
Please check one:	I am a commuter I am a resident	
G.P.A. (Current):	Major:	
Current Year of school:	Freshman Sophomore Junior	Senior
Are you willing to work nig	ght? Yes No	
Are you willing to work we	eekends? Yes No	
Do you qualify for Work St	tudy? Y Yes No Unknown	
Please list sports or activit	ies you are in:	

Please turn into the Welcome Center or email to mbeck1@sienaheights.edu.