



Adult Advisor QUESTIONNAIRE

1. Do you have previous experience as an advisor? If so, when and where?
2. Do you have CPR & First Aid Certification? _____
Date of Certification _____
A photo copy of your certification must be submitted with your application.
3. Why do you want to be an Adult Advisor for Leadership Institute? List at least two specific reasons.
4. What unique experiences have you had that would be helpful as an Adult Advisor?
5. In your opinion, list the most important aspect of the Adult Advisor position.
6. Have you facilitated programs and workshops? If your response is yes, please describe your experience.
7. Explain your comfort level with confronting individuals who violate policy.

Failure to comply with the guidelines in this application may result in disqualification from the selection process.

Dodge City Community College does not discriminate on the basis of race, gender, national origin, religion, age, disabilities, veteran/military status, ancestry or national origin. Applicants deserving support services during the application or interview process should contact the Personnel Office at (620) 227-9201.

Signature: _____

Date: _____



Dodge City Community College

AREA TECHNICAL CENTER

2501 North 14th Avenue • Dodge City, KS 67801-2399
(620) 227-9201 or 1-800-367-3222 ext 201 • www.dc3.edu

TO ALL APPLICANTS

RE: Identification of Minorities – Women, Persons with Disabilities, Disabled Veterans and Vietnam Era Veterans

In accordance with Executive Order 11256, Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974. Dodge City Community College is supportive of affirmative action to employ and advance qualified individuals, including minorities, persons with disabilities, disabled veterans and veterans of the Vietnam era.

Submission of the following information is voluntary. Refusal to provide this information will not affect your selection for employment. It will be kept confidential and will not be included with your application materials or provided to screening committees.

Please print:

Title of position for which you are applying: _____

Name _____ Date _____

1. Race/Ethnicity – please check **one** word that best describes your racial or ethnic group.

White Black Hispanic Asian/Pacific islander American Indian/Alaskan Native

2. Male/Female

3. Disability— Physical or mental impairment causing difficulty in securing, retaining or advancing in employment. Check **one** word that best describes your disability.

Visual Learning Speech Physical Developmental Other (describe below) None

4. Are you a disabled veteran? Yes No

5. Are you a Vietnam Era Veteran (service between August 1964 and May 7, 1975)? Yes No

If yes, date of discharge? _____

Signature _____

Date _____