CAB Member Expectations

All CAB members are expected to:

• Work on a committee (a group organized to plan different types of events), that will be assigned based on the needs of the organization

• Assist with the organization, planning and implementation of CAB activities and events

• Attend all CAB general meetings

Membership Requirements

1) Must be a registered student, holding a minimum of 3 credit hours per semester

2) Must be in good standing with the University of Houston-Clear Lake

3) Attend a minimum of 50% of ALL scheduled CAB meetings and events

4) Be an active, committed member to your committee and the group as a whole

Help build and promote campus activities at UHCL!

Any student who needs an accommodation for a disability in order to complete the council application should contact the Student Life Office at 281-283-2560 to make arrangements for the accommodation.
CAMPUS ACTIVITIES BOARD
Application for CAB Membership for 2018-2019
Turn in completed applications to Patrick Lawrence Cardenas in the Student Life Office, SSCB 1.204

Please print neatly or type. CAB members will receive a copy of your application; you will want to make a good impression.

First Name__________________________ MI ________ Last Name_______________________________________

Student Status: ___ Full-time ___ Part-time Undergraduate_____ Graduate_____ Graduation Date _________________

Category: ___ Freshmen ___ Sophomore ___ Junior ___ Senior ___ Graduate

Phone (Day) ____________________________________________ (Evening) __________________________________________

E-mail Address ________________________________________ T-Shirt Size ________________________

Please complete the following information. Short answers only please and no attachments.

What skills do you have to contribute to the Campus Activities Board?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

What are some new ideas or changes you would like to suggest to the Campus Activities Board?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Please briefly list previous work, involvement and/or volunteer experience that could benefit the Campus Activities Board.
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

What knowledge and experience are you looking to gain as a future member of the Campus Activities Board?
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

I AGREE TO THE REQUIREMENTS LIST IN THIS PACKET. BY COMPLETING THE INFORMATION ON THE REVERSE SIDE OF THIS APPLICATION, I ALSO AGREE TO ALLOW THE STUDENT LIFE OFFICE TO REVIEW MY UNIVERSITY STANDING.

____________________________________________________
Signature

________________________________________
Date
The following information is required to apply for the CAB membership. Only the CAB Advisor will see this information.

Student ID Number ______________________ (Required to verify UHCL enrollment and academic standing)

Address _____________________________________________________________________________________________________
Street City State Zip

Please fill out again. The CAB membership will not see this side of the form, but will need your contact information.

Phone (Day) ___________________________ (Evening) ___________________________

E-mail Address ________________________________________________________________

Please read and initial the following:

___ I understand I must maintain a high attendance record with CAB and attend general meetings and committee meetings.

___ If I am selected I will maintain constant communication with CAB using all approved methods.

___ If I am selected I will commit time, effort, and my teamwork skills to represent the mission and goals of the CAB.

___ If I am selected I will be in contact regularly with the CAB Executive Board and the other members of the CAB membership including the CAB advisor.

___ If I am selected I will strive to attend all related CAB activities and events as noted in the application and the CAB constitution.

___ If I am unable to perform my membership duties I will be given notice and properly removed according to the CAB constitution.