

Hello,

Thank you for your interest in Student Mental Health Advocates, we are happy that you have taken an interests in changing the conversation about mental health on campus! We work to remove the stigma surrounding mental health at the University of Oregon through the student voice by advocating for administrative change and policies, creating opportunities for students to learn more about mental health and inviting the UO community to come together at our social or educational events.

S.M.H.A is looking forward to reading your application and hopefully to meeting with you in person to further discuss the possibility of you becoming part of our team. If you need help any anytime with the application please send us an email, a message and we will respond as soon as possible!

**Application: Process:**

**Positions:**

All open positions will be announced during the winter term of the current year to start the following school year.

Position descriptions can be found on our website (UOSMHA.org)

**Freshman or 1 term interns** in section 2 please state the position you would like to intern for.

VP position are not always available if its open it will be stated on our website, for more information please email us or come to our general meetings.

**Sections to fill out:**

* Executive Applicants: Please read and fill out section 1 to 5 (pages 3 to 5)
* Leadership Chairs: Please read and fill out section 1 to 5 (pages 3 to 5)
* Freshman or 1 term: Please read and fill out section 1 to 5 (page 3)
* General Members: please fill out ONLY section 1 1 (page 3)

**Submittal:**

1. Email, must be in PDF or Word documents ONLY ([UOSMHA@uoregon.edu](mailto:UOSMHA@uoregon.edu))
2. Return in person when we are in session, during our general meetings.

Our organization works with students from across campus and while not all positions get paid due to our limited budget our work can translate into real life experience. By joining the leadership team you are able to gain experience in a particular field of your interest. We encourage you to join a team you feel comfortable with, and if you have no experience that is okay, we are here to help you learn new skills and all we need is you!

The application process is short but we provide a lot of information, we want to make sure that you know what we stand for and what is expected of you if you chose to apply, we are a group of students who have fun together and also advocate for change through campus, we have been here since 2011 and with your application we hope to be here a lot longer!

**DEADLINE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Student Mental Health Advocates

Application

*Serving the University of Oregon since 2011*

“Be an advocate, Be a Friend, Be a Duck!”

www.UOSMHA.org

**We only accept applications for specific openings please visit our website or email us for current open positions.** Please contact us if you have any questions at [UOSMHA@uoregon.edu](mailto:UOSMHA@uoregon.edu)

Upon completion please send us your application as either a PDF or Word Document.

**Section:1 Basic Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name  First, Middle, Last |  | | | | | | | |
| Primary Phone |  | | | UO ID # |  | | Birthday MM/DD |  |
| UO Email | |  | | | Gmail |  | | |
| Mailing Address: | |  | | | | | | |
| Anticipated Graduation Year  MM/YYYY | | |  | T-Shirt Size |  | Preferred Pronouns |  | |
| What degree are you seeking? | | |  | Minors? |  | What social Media do you use?? | ☐ Facebook  ☐ Twitter  ☐ Instagram  Other: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **I am Just applying for Membership of SMHA** | |  |  | | --- | --- | | Yes | No |   If **Yes**, please stop here, and email this application to [UOSMHA@uoregon.edu](mailto:UOSMHA@uoregon.edu) |

If applying for Leadership or 1 term Please Continue:

**Section 2: AVAILABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Position applying for |  | Alternate Position |  |
| Class Standing | ☐ (First year) ☐ (Second year) ☐ (Third Year) ☐ (Fourth Year) | | |
| What day/s are you available to attend our General Meetings | ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐ None | | |
| What else are you involved in: club, FSL, job? |  | | |
| Are you currently enrolled at the UO?  If not when will your first term be MM.DD.YYYY |  | | |

☐ Yes ☐ No Are you UO Van Certified? If not are you willing to be van certified ☐ No ☐ Yes ☐ I Don’t have a driver’s license

☐ Yes ☐ No Do you have your next Term Schedule finalized? If finalized please send us a screenshot, picture or write it out along with this application

☐ Yes ☐ No Do you understand the essential functions, and have read the descriptions for the position you are applying for?

☐ Yes ☐ No Do you understand the time commitments and are able to commit to them? Executive and Chairs it is a one school year commitment

☐ Yes ☐ No Do you understand that most positions are not paid but are set up to give you experience in related fieldwork?

☐ Yes ☐ No Do you understand that some positions require specific skills, ie: PR and use of publisher, website design, Adobe Illustrator etc?

☐ Yes ☐ No Are you a first year or freshman and are only looking for a 1-term commitment? \*

|  |  |
| --- | --- |
| If **YES** what part of the team would you like to help in: | ☐ Treasurer ☐ PR ☐ NAMI ☐ Admin |

**Section 3: In 2 to 6 sentences answer the following questions:**

|  |
| --- |
| Why are you interested in Joining SMHA, and what previous experience, skills qualify you for the position you are seeking? |
|  |

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| --- |
| Why is mental health important to you? |
|  |

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| --- |
| What do you hope to gain from joining the leadership team of SMHA? What do you know about us? |
|  |

**Section 4 past or current leadership roles:**

What previous or current leadership roles have you had or are you currently in:

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization / Club Name /Job** | **Position** | **Position Start Date – End Date** | **Where at: (Location of org, club)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 5 References:**

☐ Yes ☐ No Did anyone from SMHA current or past encourage you to apply?

|  |  |
| --- | --- |
| If yes, Who: NAME |  |

☐ Yes ☐ No Prior to applying had you heard of SMHA?

|  |  |
| --- | --- |
| If yes, how? |  |

☐ Yes ☐ No Have you attended any of our events, talks, meetings

|  |  |
| --- | --- |
| If yes, what, when? |  |

☐ Yes ☐ No Do you have any friends or others currently in a leadership position, general members in SMHA?

|  |  |
| --- | --- |
| If yes, Who: NAME |  |

Please list two references that can speak of your work ethic, past work experience or leadership roles:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Best form of contact: Phone / Email | Years known | Relationship |
|  |  |  |  |
|  |  |  |  |

How did you hear about this application/ anything else you would like us to know?

|  |
| --- |
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| **CERTIFICATION AND RELEASE** |

**Please Read Carefully, Check the Boxes, and Sign Below**

☐ I hereby certify that the facts contained in this application are true and complete to the best of my knowledge. I further certify that I have

Personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document

Used to secure a position shall be grounds for rejection regardless of the time elapsed before discovery.

☐ I hereby authorize SMHA to contact my references and have provided accurate information regarding such references if said references are not

able to be reached an alternate reference may be requested.

☐ Photographs and video is constantly taken at our events, as a member or as part of Leadership of UO SMHA your image may be used for promotion both on our Facebook, YouTube, and other social media in perpetuity. By selecting this you acknowledge and give UO SMHA permission to use your image and likeness.

☐ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my term, if

Selected, is intended to create employment contract between SMHA and me. In addition, I understand and agree that if I am selected, my position is “at will,” which means that it may be terminated at any time per SMHA guidelines and constitution. I have a right to appeal said decision of termination within the SMHA constitutions and amendments. I understand that most positions are not paid and this is considered volunteer work, and any compensation is not meant to reflect the amount of work needed, or required from me. I am capable and able to resign at any given time, but will forfeit all benefits as set forth by the SMHA constitution such as graduation chords, letters of recommendations, and volunteer awards and remaining stipends.

☐ If offered a position, I agree to read and comply with all of SMHA policies and abide by the University of Oregon code of conduct, ASUO Constitution and SMHA constitution. I further understand that if selected, upon the end of my term, I will be required to return all SMHA property in my possession. If property cannot be returned is lost or damaged I understand that I must repay, replace or fix said property.

☐ I acknowledge I have read, understood, and agreed to the above statements and I understand that due to the amount of applications received it may take some time for anyone to get back to me. I also understand that NOT EVERYONE will be interviewed due to time constraints, resources and time frame. IF I am not selected I am still able to apply for a one-term position, or to join as a general member and can continue to apply for future positions. IF I am not selected but am interested in a one-term position it is my responsibility to inform SMHA about my decision, but am not required to notify SMHA if I just want to be a general member.

☐ I acknowledge I have read, understood, and agreed to the above statements, and certify under penalty of perjury that this application is true

and correct.

IF I CHOOSE TO SUBMIT THIS APPLICATION ELECTRONICALLY, MY NAME ON THE SIGNATURE LINE WILL HAVE THE SAME EFFECT AS IF I SIGNED A HARD COPY OF THIS APPLICATION, I MUST ALSO PROVIDE THE LAST 4 # OF MY STUDENT ID.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant’s Signature | Date | Last 4 of UO ID # |

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Learn more at: [www.UOSMHA.org](http://www.uosmha.org), [www.facebook.com/uosmha](http://www.facebook.com/uosmha), [www.instagram.com/uosmha](http://www.instagram.com/uosmha) , [www.twitter.com/uosmha](http://www.twitter.com/uosmha)

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**This page left intentionally Blank: Please feel free to write out schedule or include anything else pertaining to your application.**