

College of the Redwoods
Office of Residential Life
2009-2010
APPLICATION PACKET

This application packet contains the following documents:

- LICENSE AGREEMENT FOR USE OF HOUSING FACILITIES
- RELEASE OF INFORMATION FORM (Optional)
- APPLICATION PACKET
- EMERGENCY OR ILLNESS PROCEDURES
- ROOM MATE PREFERENCE QUESTIONNAIRE
- CONTRACT ADDENDUM (Minors: Students under the age of 18 years old)
- VACCINATION INFORMATION
- AUTOMOBILE FORM
- CONSTRUCTION NOTIFICATION FORM
- ZERO TOLERANCE DRUGS, ALCOHOL, AND SMOKING NOTICE
- COMMUNITY GUIDELINES
- STUDENT CODE OF CONDUCT

Once you have completed the application checklist below, you will have a complete file that will be reviewed on June 16, 2009. Though June 16, 2009 is our deadline we will accept qualified students until the Residence Halls are full. Qualified students are assigned spaces according to application date and roommate match. Any qualified individuals with completed applications received after we have reached full occupancy will be placed on a waiting list. All applicants will be notified of their status, and those on the waiting list will be accepted as vacancies occur.

Please take the time to review all materials and fill them out completely. It is important that the prospective student fills out the application accurately and honestly because roommate assignments are made based upon many of your answers. (Needless to say, it will make for a much more pleasant year if you are compatible with your roommate and quad mates.)

Application Check List

- ◇ Read, complete, and sign the **Housing and Food Services License Agreement**. Make a copy for your records and return the original copy to us. If you are under 18 years of age, your parent or guardian must sign the License Agreement, Application and Contract Addendum for Minor Students.
- ◇ Release of Information (Optional)
- ◇ Complete and return the **Housing Application Form, Emergency or Illness Procedures Form, and Roommate Preference Questionnaire**.
- ◇ Complete and return the **Construction Notification Form**
- ◇ Complete and Return the **Zero tolerance Drugs, Alcohol, and Smoking Notice**
- ◇ Complete and return the **Vaccination Form - Meningitis / Personal Information Sheet - Vehicle Information**

- ◇ **Include a check or money order payable to "College of the Redwoods" (DO NOT SEND CASH) for the initial payment and deposit required, based on the length of contract desired. You must make this initial payment in order to reserve your space. There will be no exceptions to this requirement.**

Send Your Application to:
Office of Residential Life
College of the Redwoods
7351 Tompkins Hill Road
Eureka, CA 95501

DO YOU HAVE QUESTIONS? CHECK OUT OUR WEBPAGE www.redwoods.edu/eureka/housing
OR CALL THE OFFICE OF RESIDENTIAL LIFE AT (707) 476-4294

College of the Redwoods - Housing Application

This form is required of all residents. The information is used by the staff in emergency situations and for the assignment of roommates. All information will be held in strict confidence.

1. Student's Name: Last		First	MI	2. CR ID # (Required)	
3. Student's Permanent Home Address: Street		City	State	Zip Code	Country
4. Home Phone (Area Code and Number)	Cell Number (Area Code and Number)	5. Date of Birth / /		6. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Student's E-Mail Address:	8. What is your cumulative High School or College Grade Point Average (GPA)? (Required) _____ Did you receive a GED or Proficiency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
9. College Level: (Check all that apply) <input type="checkbox"/> 1 st Year College Freshman <input type="checkbox"/> Returning College Student <input type="checkbox"/> Transfer Student <input type="checkbox"/> Athlete <input type="checkbox"/> International Student					
10. Program of Study?					
11. Type of Occupancy Requested: (Check all that apply) <input type="checkbox"/> Summer Session May 18, 2009-August 7, 2009 (Must have a Full-Year or Fall-Only contract) <input type="checkbox"/> Full-Year August 23, 2009-December 12, 2009 and January 17, 2010-May 15, 2010 <input type="checkbox"/> Fall-Only August 23, 2009-December 12, 2009 <input type="checkbox"/> Winter Intersession December 13, 2009-January 17, 2010 (Must be enrolled in Spring Session) <input type="checkbox"/> Spring-Only January 17, 2010-May 15, 2010 <input type="checkbox"/> Public Safety Academy Fall Only July 6, 2009- December 12, 2009 <input type="checkbox"/> Public Safety Academy Spring Only January 4, 2010 – June 12, 2010					
12. If you are a person with a disability, do you require any special accommodations for housing placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: (Attach an additional sheet if needed, please list any special accommodations which you require.) <hr/> <hr/> <hr/> <hr/>					
13. Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes* <input type="checkbox"/> No (*Note: this will not necessarily deny your housing eligibility). Of what specific offense were you convicted? _____ <hr/>					
14. Have you applied for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you file your FAFSA? _____ Have you received your Financial Aid Award Letter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Please ask College of the Redwoods Financial Aid Office to forward the amount you will be receiving to the Residential Life Office.					
15. I authorize the Housing Staff to give my name and phone number to my roommate: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature: _____					
By signing and submitting this Housing application, the undersigned (and if applicable, his/her parent or guardian) agrees to be bound by the terms and conditions set forth in the College of the Redwoods Residence Hall License Agreement (a copy of which is attached to this application). Students Full Name (please print): _____ Date: _____ Students Signature: _____ Parent/Legal Guardian's Signature: _____ (If under 18, signature of parent/legal guardian is required.)					

EMERGENCY OR ILLNESS PROCEDURES

IN CASE OF EMERGENCY, ILLNESS, OR INJURY, THE COLLEGE IS AUTHORIZED TO CALL PARAMEDICS AND—IF DEEMED NECESSARY—ALLOW THEM TO TRANSPORT THE STUDENT TO A LOCAL HOSPITAL BY AMBULANCE.

____ YES

____ NO

Emergency Contact Information:

Parent/Guardian (name) _____ Day Phone: (____) _____

Address: _____ Night Ph: (____) _____

Parent/Guardian (name) _____ Day Phone:(____) _____

Address: _____ Night Ph: (____) _____

Other Contact _____ Day Phone:(____) _____

Relationship: _____ Night Ph: (____) _____

Family Physician _____ Day Phone: (____) _____

Check all that apply and explain all checked items:

____ Drug/Medication sensitivity or reaction

____ Asthma ____ Heart Disorder ____ Allergies

____ Other health or medical conditions of which the College should be aware:

Name of Insurance Carrier _____ Group # _____
(Please attach a copy of the Insurance Card.)

Student's Signature _____ Date _____

If the student is under 18 years of age as of the date the student signs the application, then this form MUST BE SIGNED by a parent or guardian.

I hereby give my consent for medical or surgical care to be given to my son or daughter should the need arise. In the event that I cannot be reached, I authorize the College to proceed as indicated above.

Parent's Signature _____ Date _____

ROOMMATE PREFERENCE QUESTIONNAIRE

Name _____
Last First MI

Age: _____ Gender (circle one) Male Female

PREFERRED ROOMMATE (name) _____

Your answers to the following questions provide us the information to pair you with a roommate for the coming year. Please read and answer each question carefully. All of your responses are CONFIDENTIAL and will be used only to make compatible roommate assignments. Some questions may require imagination. When selecting your answers, please remember to answer with the understanding that college life may provide you new freedoms, choices, and opportunities.

Personal Preferences/Personality Descriptions

1) Although there is no smoking inside of or within 25 feet of any campus building (including the Residence Halls):

Do you smoke? [] Yes [] No
Would you object to a roommate who smokes? [] Yes [] No

2) Would you consider yourself to be:

[] Definitely a night owl (stay up late -- get up late)
[] A night person, but not that much of a night person
[] Middle of the road -- I don't care
[] A morning person (within reason)
[] A definite morning person (early to bed, early to rise)

3) What types of music do you prefer? _____

4) At what level do you prefer to listen to your music?

[] I don't listen to music much [] Low
[] Medium [] Loud

5) When studying is your music:

[] Off -- I prefer silence when studying [] Low
[] Medium [] Loud

6) I prefer to sleep and study in a room that is:

[] Cold, I want the windows open all the time [] Cool, windows open a little
[] Warm [] Very warm, I don't want the window open

7) If visiting, you would probably find my room:

[] Messy all the time [] Cleaned on occasion
[] Seldom messy [] Always clean and neat

8) Do you consider yourself:

[] Very social [] Social
[] Somewhat Reserved [] Quiet/Homebody

9) I like to spend my time off:

Hanging with groups of people Hanging with a few friends Taking time by myself

10) When I'm upset:

I try to deal with it on my own I talk to friends or family
 I find an activity to do

11) Do you consider yourself to be more of a:

Talker Listener

12) Do you consider yourself:

A planner Some plans, but flexible Spontaneous

13) Do you make your decisions based more on your:

Feelings Thoughts

14) As it relates to sharing my personal belongings with my roommate:

It's no problem at all
 It's no problem as long as he/she asks first
 I'm not real comfortable with lending my personal belongings
 I do not want my roommate borrowing my things

15) If my roommate were doing something that bothered me, I would:

Not hesitate to ask him/her to stop
 Talk to them if he/she were in a good mood
 Seek help from a staff member rather than talk to him/her
 Ignore the problem and hope it goes away

16) List three hobbies or activities that you enjoy:

There is a possibility that some of the above questions are more significant to you than others. Please indicate the three most important questions in order so that we can make the best match possible.

1st Priority Question # _____

2nd Priority Question # _____

3rd Priority Question # _____

17) What qualities/habits would your IDEAL roommate have?

18) What academic courses / areas interest you the most?

19) What careers most interests you right now? _____

20) What campus activities do you plan to participate in? _____

21) What interscholastic sports do you plan to participate in if any? _____

22) Why did you choose college of the Redwoods, and why do you want to live on campus?

23) How did you hear about College of the Redwoods Housing? (Internet, friends, radio, etc.)

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OPTIONAL AGREEMENT

Would you like to request that you be assigned a space in the "Study Hall"? (please circle one)
YES NO

Please note that if you are assigned to this floor, whether at your request or otherwise, you must agree to respect and observe a 24-hour quiet policy.

Student Signature: _____ Date: _____