



COMMUTER ASSISTANT TEAM APPLICATION

Name _____
(Please Print or Type)

Semester Address _____

Permanent Address _____

City _____ State _____ Zip _____

Do you live: _____ Off-campus _____ On-campus

Do you use a UMBC Shuttle Bus Line? _____

UMBC Email: _____ Phone: _____

Major: _____ Academic Credits: _____ GPA: _____

Please explain why you want to work for OCSS:

Please share 2 goals that you would like to accomplish as a Commuter Assistant:

Please return to:
Lauren Tabbacchino
Off-Campus Student Services
The Commons 1A02

Please list special skills, pertinent interests, etc.:

Please list activities/clubs involved in Off-campus:

Do you currently work? If yes, where? _____ # hours/week _____

What date will you be available to start? _____

What day(s) / hour(s) are you available to work, Monday-Friday?

REFERENCES

List 2 references from UMBC faculty/staff or previous employer(s)

Name: _____ Years Known: _____

Relationship: _____

Address: _____ Phone: _____

Name: _____ Years Known: _____

Relationship: _____

Address: _____ Phone: _____

Thank you for applying with Off-Campus Student Services. If you have any further questions, please email: tabbaccl@umbc.edu. Please sign and date below to certify that all of the above information is correct and allow OCSS to verify grades and demographic information. Thank you for your interest!

I hereby give OCSS staff permission to review my academic and student conduct record.

Signature

Date

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