NORTH HENNEPIN COMMUNITY COLLEGE STUDENT SENATE

ORGANIZATION REPRESENTATIVE AND ALTERNATE APPLICATION

Please complete and return to Senate Office or Student Life staff.

1. **ORGANIZATION NAME**: _____
2. **NAME OF PRESIDENT**: _____
3. **NAME OF ADVISOR**:_____
4. **REPRSENTATIVES NAME**: _____
   (Last) (First) (Middle)
5. YOUR PHONE: _____
   (HOME) (CELL) (WORK)
6. EMAIL:_____
7. **ALTERNATE NAME:** _____
8. PHONE NUMBER: _____(CELL) _____(WORK)_____
9. INTENDED LENGTH OF STAY AT NHCC: _____
10. Please give a summary of your skills, knowledge and abilities you have developed through work, and other organizations, etc.

_____

_____

_____

11. How much time per week would you be willing to commit to Student Senate as an Organization Alternate Representative?

_____

Organization Rep Signature:_____DATE:_____

Organization Alternate Rep Signature: _____DATE: _____

Organization President's Signature: _____DATE: _____

Organization Advisor's Signature: _____DATE: _____