



MUSTANGS WHO CARE

TRAINER APPLICATION

Fall Semester, 2011

Please fill out the following fields. 1st priority is given to applications submitted before or on September 20th, 2011. We are also currently looking for an inaugural Executive Board of the program. If interested, please circle officer below. To submit your application or if you have any questions please contact Doug McNabb (dmcnabb@smu.edu). Thank you for applying to be a part of this extraordinary program.

Name: _____

Classification: _____

Applying to be (bold one): 1)Trainer 2) Executive Officer 3) Both

If interested in an Officer position please number desired office (5=most, 1=least)

Assistant Director:_____ Director of Operations:_____ Director of Finance:_____

Development and Expansion:_____ Training Coordinator:_____

Have you been trained to be a Mustang Who Cares** (bold one)? 1) Yes 2) No

If yes, when were you trained? _____

Have you been TIPS Trained** (bold one)? 1) Yes 2) No

If yes, when were you trained? _____

Please list any extracurricular activities that you have participated in and what position you held (if any).

- 1.
- 2.
- 3.

Have you ever given a presentation before (bold one)? 1) Yes 2) No

If yes, what was it for? _____

I, _____, release my conduct records to the Mustang Who Care Program

for a one time review. Signature: _____

****Being Tips or MWC trained is not necessary to apply; however, individuals must be trained before joining the Executive Board (training will be provided).**

Below, in at least 150 words, please describe why you are interested in the Mustangs Who Care program and why you think that you would make a great trainer.