



Frosh Leader Application

Name: _____

Home telephone: _____

Mobile telephone: _____

Email: _____

As a Frosh Leader, you will play a vital role in the transition of first year students for their first 2 weeks at CBU. (Both Frosh Week and the first week of classes) By providing information and

Do you plan to live in Residence? _____ **Yes** _____ **No**

Will you be in Cape Breton over the summer? _____ **Yes** _____ **No**

Would you consider yourself outgoing? _____ **Yes** _____ **No**

What year will you be in? _____

Why is Team Work Important to you? _____

Have you been a Frosh Leader Before? _____ **Yes** _____ **No**

Are you familiar with the campus of Cape Breton University? _____

Why are you interested in becoming a Frosh Leader? _____

What was your favorite part of your Frosh Week? What would you like to see this year?

Please complete and return this form in person to the CBUSU front desk, via fax, or via email to su_vpp@cbu.ca no later than the 5th of August 2016.