CBU CAMPUS STORE AVAILABILITY FORM

TERM: _____

NAME:	STUDENT ID #:	DATE:
WHICH YEAR IN SCHOOL ARE YOU? (circle)	Freshman / Sophomore / Junior / Se	nior / Graduate 1 st 2 nd 3 rd Year
EXPECTED GRADUATION DATE (semester & y	/ear):	
PRACTICUM/INTERNSHIP BEGINNING & ENI	D DATES (if applicable):	
DO YOU LIVE IN RIVERSIDE YEAR-ROUND? (circle) Yes / No	
IF NO, WHAT IS YOUR HOME CITY AND STATE	Ξ:	
WILL YOU BE AVAILABLE IN THE SUMMER? (circle) Yes / No	
IF AVAILABLE IN THE SUMMER, PLEASE LIST	ANY PLANNED VACATION/TIME OF	F DATES:
PREFERRED NUMBER OF WEEKLY HOURS (n	nax is 29 hours for Student Workers)):
LANCER EMAIL (USING NAME NOT ID #):	PHONE	NUMBER:

PLEASE LIST YOUR WORK AVAILABILITY FROM 7:30AM-11:00PM SUNDAY THROUGH SAT	URDAY.
*Working for the Campus Store Team includes the Campus Store, Team Store, and various gar	nes/events
(Please keep in mind your class schedule, study time, extracurricular activities, on-campus pa commute, etc. when listing your work availability)	rticipation,
SUNDAY:	
MONDAY:	
TUESDAY:	
WEDNESDAY:	
THURSDAY:	
-RIDAY:	
SATURDAY:	

Please return the job application, availability form, and your course schedule either in person or via email to Lori Morgan at LOMORGAN@calbaptist.edu

Thank you for your interest in working with the Campus Store Team!