

# Nu Alpha Kappa Fraternity, Inc. Intake Process Application



## Instructions:

Please complete and submit this application to the prospective group intake director ([psi.intake@nakinc.org](mailto:psi.intake@nakinc.org)), no later than Saturday, April 8<sup>th</sup>, 2017 at 11:59pm. Please let me know if you have any questions. In addition to this application, please submit the following items:

- 1.) Personal Statement (500 words)
  - a. Describe yourself, include background information on where you were born, raised and any interesting life experiences thus far.
  - b. What are your future education, and career goals? How do you plan on accomplishing them?
  - c. Tell us about any past leadership experience or involvement in extra-curricular activities and/or community service.
- 2.) Transcripts (unofficial transcripts acceptable)
- 3.) Current Resume
- 4.) Spring Quarter class schedule
- 5.) A picture of yourself



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Psi Chapter at UC Irvine

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Applicant Information			
Full Name:			
Current Address:		Permanent Address:	
City, State Zip:		City, State Zip:	
Cell Phone:	Home Phone:	Work Phone:	
Status/Major:	Cumulative G.P.A:	E-mail:	
Father's Name:		Mother's Name:	
Number of Siblings:		Expected Date of Graduation:	

Class Schedule		
<i>Please include a class schedule.</i>		
Class:	Day/Time:	Bldg./Rm.#
Class:	Day/Time:	Bldg./Rm.#
Class:	Day/Time:	Bldg./Rm.#
Class:	Day/Time:	Bldg./Rm.#
Class:	Day/Time:	Bldg./Rm.#
Class:	Day/Time:	Bldg./Rm.#
Units in Quarter:		

Special Interests
Hobbies:
Goals/Interests:
Organizations/Clubs:



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## Employment Information

Name:	
Address:	
Work hours per week:	Sunday:
Monday:	Tuesday:
Wednesday:	Thursday:
Friday:	Saturday:

## General Questions

How did you hear about Nu Alpha Kappa?
What are you seeking in an organization?
Do you have any active social media profiles (Google+, Facebook, Twitter, LinkedIn, Tumbler, etc)? If so, please provide a link to your online profiles.

## References

*Please list three references.*

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*  
*If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Medical Questionnaire and Release Form

This is a general health form that Nu Alpha Kappa will keep strictly confidential. Nu Alpha Kappa will not disclose any personal medical information unless a student becomes seriously ill or injured and the information is needed for proper treatment. Please answer the questions below to the best of your knowledge and sign and date the form after thoroughly reading and answering each question. Please use the back of the form if more room is needed.

1. Are you currently seeing a health care provider for any ongoing medical conditions? If so, please explain and provide the names of all associated health care providers.
2. Do you currently have any physical conditions (such as diabetes, asthma, back pain or heart condition), medications or dietary restrictions that your Activity Director should be aware of? If so, please explain.
3. Have you ever been treated for any psychological conditions (anxiety, depression, eating disorder, etc.), which may affect your ability to travel or take part in group activities? If so, please explain.
4. Please list all allergies, including medication, food, animals, plants or seasonal.
5. Please list all prescriptions and supplements that you plan to continue while traveling.

**Note: Nu Alpha Kappa recommends that you take a sufficient supply of all prescription medications in the original containers as well as finding out generic names in case your particular brand is not available elsewhere. Contact your physician or pharmacist for recommendations.**

Please list any other physical or mental conditions that you think the Activity Director should be informed of. If you have any ailments that may restrict activities, please explain.

### Emergency Contact Information

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

### Disclaimer and Signature

I authorize the Nu Alpha Kappa to disclose any information provided on this form, if it is needed for any medical treatment I might undergo while traveling. I understand that Nu Alpha Kappa will maintain this information in confidence and will only release this information to the Activity Directors and/or Medical Personnel in the event of an emergency. I also understand that this information will only be maintained for the duration of my participation in the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_