

Food and Nutrition Student Organization (FNSO) Application for Membership

The FNSO is a student organization open to any University of Southern Indiana (USI) student who is majoring, minoring, or interested in FOOD & NUTRITION. The goals of the organization are 1) to promote Food and Nutrition as a major at the university, 2) help students to meet people in the food and nutrition fields, and 3) promote nutrition improvement of the community through volunteer service projects. If you would like to be a member of the FNSO, please answer the following questions and return the form to your instructor/advisor.

1. Are you: a Food & Nutrition Major? Yes _____ No _____
 a Nutrition Minor? Yes _____ No _____
 interested in Food & Nutrition? Yes _____ No _____
2. Are you majoring in another field? Yes _____ No _____
 If yes, what major? _____
3. How did you learn about the Food & Nutrition Department?

4. Why are you interested in the Food & Nutrition major/minor?

5. What are your career goals?

6. How many Nutrition (NUTR) courses have you taken? _____
7. What year are you in school? _____
8. Would you be interested in serving on a committee? Yes _____ No _____
9. Would you like to become an officer of the FNSO? Yes _____ No _____
 If yes, what office? President ___ Vice President ___ Secretary ___ Treasurer ___
10. What type of projects, service work, or educational programs would you like the FNSO to participate in at USI?

NAME	
ADDRESS	
PHONE #	
E-MAIL ADDRESS	

University of Southern Indiana
College of Nursing and Health Professions
Food and Nutrition Department

I have been informed about the following policies and have initialed each item to signify my understanding of these policies and that all questions have been answered to my satisfaction.

_____ I give my consent allowing the University of Southern Indiana (USI) College of Nursing and Health Professions (CNHP) to use my picture and personal statement for educational and promotional purposes, including but not limited to the web site of the CNHP.

_____ I understand that I am responsible for providing a copy of drug screening, criminal record, health record, and/or immunization results if required for participation in educational activities by another facility. I understand that a positive drug screen and/or conviction will result in review of continuation in the program by the program chair and dean. I understand it is my responsibility to correct any errors in any registry that result in my name being incorrectly listed, and provide verification of such correction to the University of Southern Indiana prior to any further consideration of admission to or progression in the Food and Nutrition program.

_____ I understand I must maintain professional behavior and dress when representing USI.

_____ I understand that while in an instructor assigned facility of any type, I am to use facility resources including, but not limited to computers, copy machines, and food ONLY for activities which are directly related to patient care. These resources are NEVER to be used for my personal needs.

_____ I understand I cannot use computers at an instructor assigned facility to access personal web pages, social networking sites, or online communication networks such as Twitter, instant messaging, Facebook, or other sites used for personal communication.

_____ I understand that the use of cell phones for calls, text messaging, and Internet use is strictly prohibited during all instructor assigned/approved experiences. The cell phone may ONLY be used during scheduled breaks.

_____ I understand I cannot take pictures for personal reasons during instructor assigned/approved activities.

_____ I give my permission to display my student work including posters, presentations either video-taped or streamed, and written work noted to be exemplary by Food and Nutrition faculty and understand my grade will not be displayed.

_____ I give my permission to authorized person in the USI CNHP to comply with requests for information requested for evaluative purposes by others acting on my behalf in such matters as employment, admission to another College, and/or securing financial aid, scholarships, honors or awards. This permission extends indefinitely and until such time it is withdrawn by a written statement to the Dean, CNHP.

_____ I give my consent to allow the University of Southern Indiana (USI) Food and Nutrition program faculty members to release verbal and/or written information regarding my performance as a student at USI.

_____ I authorize the acquisition of performance data from the agency/hospital which may supervise me during an internship or practicum. I understand that this data may be used by the college for curriculum evaluation and for the calculation of a grade for an internship or practicum.

This consent form is valid from the date below until withdrawal of this consent is received in writing from the person whose signature is below.

Signature: _____

Date: _____