



Reserve Officer Training Application

Please submit to:

Helena College – Continuing Education
ATTN: Christy Stergar
1115 North Roberts St. fax: 406-447-6397
Helena, MT 59601 phone: 406-447-6945
or christine.stergar@helenacollege.edu

Please type or print

Personal Information

Full Legal Name LAST FIRST MIDDLE

Previous Name(s) LAST FIRST MIDDLE

Social Security Number Date of Birth
This is required for, and will be submitted to, the Helena Police Department to run a preliminary background check as a condition for admittance to the class.

Current address

STREET/PO BOX CITY STATE ZIP

Continuous time at this address YEARS MONTHS

Permanent address (if different from above)

STREET/PO BOX CITY STATE ZIP

Continuous time at this address YEARS MONTHS

Are you a citizen of the United States? YES NO Date you began living in Montana MO/YR

Dates of extended absences from Montana MO/DAY/YR to MO/DAY/YR

Do you have a current Montana driver's license? YES NO Issue date MO/YR

Academic History

If you are or will be a high school graduate, please indicate graduation date MO/YR

COMPLETE NAME OF HIGH SCHOOL CITY STATE

If you have or will receive a GED or equivalent, please indicate date MO/YR

LOCATION

E-mail address

Daytime Phone Number T-shirt size XS S M L XL XX (UNISEX - CIRCLE ONE)

Students with Disabilities

If you have a disability that you wish to bring to the attention of the institution to which you seek admittance, you may do so, before or after admission, by submitting an application to the Disability Resources office. Applicants who need assistance with this application may request it from Disability Resources. All requests regarding disability will be confidential and will not be used as a factor in granting or denying admission.

Safety and Security

- 1. Have you ever been convicted of a felony? YES NO
- 2. Have you been otherwise institutionalized for threatening or causing physical or emotional injury to persons or property? YES NO
- 3. Have you been dismissed and/or suspended from an educational facility for disciplinary reasons? YES NO
- 3. Have you ever been required to register as a sexual or violent offender? YES NO

Emergency Contact Information

Contact Name _____
FIRST LAST RELATIONSHIP

Contact Phone number _____
DAYTIME EVENING WEEKEND

Signature

I hereby certify that to the best of my knowledge the foregoing information is true and complete without evasion or misrepresentation. I understand that if it is later found otherwise, it is sufficient cause for rejection or dismissal. If my application for admission is approved, I agree to abide by the present and future rules and regulations, both academic and nonacademic. I further acknowledge that if I fail to adhere to these regulations or meet these requirements, my registration may be canceled.

APPLICANT'S COMPLETE LEGAL SIGNATURE DATE

**Once application meets initial approval, student will be contacted for course payment. If you are working with a current employer or agency who will be providing payment, please indicate here:*

PAYING ENTITY(AGENCY NAME) INDIVIDUAL CONTACT NAME PHONE AND/OR EMAIL