

# SHOPPER APPLICATION

Name: \_\_\_\_\_ University ID: \_\_\_\_\_

Local Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check all that apply:**

- |           |               |
|-----------|---------------|
| Freshmen  | Resident      |
| Sophomore | Commuter      |
| Junior    | Faculty/Staff |
| Senior    |               |
| Graduate  |               |

**Please answer the following questions:**

1. Are you able to attend bi-weekly meetings on Thursday's?      Yes      No
2. Do you currently work for Dining Services on campus?      Yes      No
3. What campus dining locations do you visit frequently? (Please include both resident dining halls and retail locations.)
4. In general, are you comfortable evaluating a product and/or service and offering your feedback (including both good and bad experiences)? Please explain.
5. What about becoming a Student Mystery Shopper interests you? Please explain in detail.
6. Are you detail-oriented, well organized and responsible?

Applicant's Signature: \_\_\_\_\_

Application Submission Date: \_\_\_\_\_

