



JUNIOR LEADER

APPLICATION FORM

School Year

Date: _____

Name: _____

Age: _____

Address: _____
Street City State Zip

Email: _____

Phone: _____

Applying for: Fall Session: _____ Spring Session: _____

Days & Hours Available:

Mon.	Tues.	Wed.	Thurs.	Fri.

Parent/Guardian Info:

Name _____ Relation _____

Email _____ Cell Phone _____

Work Phone _____

Grade Level	School Name	Years Attended	GPA

Previous Work/Volunteer Experience:

Location _____ Dates _____ - _____
Begin End

Supervisor Name _____ Phone _____

Job Duties: _____

Hobbies/Sports/Extracurricular Activities:

Awards/Achievements:

What do you expect to accomplish or gain from the Junior Leader Program?

References: (teachers, guidance counselors, church officials, etc.; do not include relatives)

Name	Address	Phone	Relation

Applicant Signature: _____

Date _____

Parent/Guardian Signature: _____

Date _____