ELUB YEAR OF THE TEEN

JUNIOR LEADER

APPLICATION FORM

Summer 2021

Date:	<u></u>					
Name:				Age:		
Address:	Street		City	State	Zip	
Email:						
Phone:						
Applying for:	Session 1: Applications du		Session 2: (July 6 - July 30) Applications due by: July 1st			
Days & Hours	Available:				_	
Mon.	Tues.	Wed.	Thurs.	Fri.		
Parent/Guard	ian Info:					
Name			Relation			
Email			Cell Phone			
			Work Phone			
Grade Level		School Name		Years Attended	GPA	

Previous Work/Volunteer Ex	xperience:				
Location		Dates -			
		I	Begin	End	
Supervisor Name	P	hone			
Job Duties:					
Hobbies/Sports/Extracurricu	ular Activities:				
Awards/Achievements:					
What do you expect to acco	mplish or gain from the Ju	nior Leader	Program	?	
References: (teachers, guida	nce counselors, church off	icials, etc.; o	do not inc	lude relatives)	
Name	Address	Р	hone	Relation	
Applicant Signature:			Date		
Parent/Guardian Signature:			Date		