

Friendship Circle Leadership Board Application

If you are interested in joining the FC Leadership Board, please complete this application and return to Esther Bogomilsky, Program Director (esther@friendshipcirclewa.org) AND Sarah Larson, Program Manager (sarahl@friendshipcirclewa.org).

Applications are weighed alongside your demonstrated commitment to Friendship Circle programs. We solidify our Leadership for the following year each spring and will get in touch with you to discuss your application!

Name:

School:	Grade:	Years Involved in FC:
Email:		Phone:
Address:	· · · · · · · · · · · · · · · · · · ·	
Check each FC progra	m you have participated in	:
 Friends@Home 	Birthday Clubs/Teen Progr	rams
describe how you have organization/school in	e shown dedication to The lithe past and why you feel I	and commitment on your part. Please Friendship Circle or any other being a leader is something you can do

What do you hope to gain by being on the Leadership Board?

It is important that the Leadership Board members show consistent participation and dedication throughout the entire school year. How can we be sure that your participation will not drop off at certain points throughout the school year?
Do you have friends who volunteer with Friendship Circle (circle)? Yes No
Are you currently in a leadership role with another group/organization or within your school (circle)? Yes No
Have you previously held a leadership role with another group/organization or within your school (circle)? Yes No
Please describe your previous (or current) leadership experience (your role and responsibilities):

Do your other commitr	ments (school & extracurricular activities) allow for the time
•	be on the Leadership Board (5-8 hours per month) (circle):
Yes No	
	nitments and extracurricular activities you will be involved in this
How do you plan to re	cruit these volunteers?
limited to: teachers, so	commendations. Recommendations may include but are not chool administrators, youth directors or Rabbis. Please do not
include relatives or frie	
	Title:
Relationship to volunte	eer:
0 1 11 6 11 1	
Contact information (p	hone & email):
	•

Contact information (phone & email):		
Volunteer Consent		
I, know and understand that being a member of The Leadership Board is a privilege. I am prepared to commit to the responsibilities.		
I understand that I represent The Friendship Circle in my school and community and will not abuse this privilege in any way.		
Date:		
Volunteer Signature:		
Parental Consent		
I, have reviewed this form and agree to my teen participating on The Friendship Circle Leadership Board.		
Date:		
Parent Signature:		