

## Leadership Board Application Form 2014-15

If you are interested in being a leader within the Friendship Circle, we ask that you please fill out the following questions so we can learn more about you and your strengths. The Friendship Circle staff will choose several leaders accordingly and notify you within 2 weeks of your received application.

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Yrs. Involved in FC: \_\_\_\_\_ E-mail: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

List each Friendship Circle program you have participated in. \_\_\_\_\_

\_\_\_\_\_

Being a leader requires dedication and a commitment on your part. Please describe how you have shown dedication and responsibility to The Friendship Circle or any other organization/school in the past and why you feel being a leader is something you can do. (Suggested length: 250-500 words)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to gain by being on The Leadership Board? (Suggested length: 100 words)

\_\_\_\_\_

\_\_\_\_\_

What are some things you enjoy doing and are good at? Ex: drawing, organizing, working with people, phone calls, computer work.

\_\_\_\_\_

\_\_\_\_\_

I have friends who volunteer with The Friendship Circle.                      YES                      NO

If yes who: \_\_\_\_\_

I have had (or am currently participating) a leadership role.                      YES                      NO

If yes, please describe the experience: \_\_\_\_\_

\_\_\_\_\_

Does your 14-15 scholastic schedules allow for the commitment of several hours a month toward The Leadership Board?      YES      NO

If your schedule includes extracurricular activities please list them and the dates and times you will be unavailable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many volunteers do you feel you can recruit for The Friendship Circle?

Yearly goal: \_\_\_\_\_ Monthly Goal: \_\_\_\_\_

How do you plan to achieve this goal? (Suggested length: 100 words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include two recommendations. Recommendations may include but are not limited to teachers, school administrators, youth directors or Rabbis. Please do not include relatives or friends:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship to volunteer: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship to volunteer: \_\_\_\_\_

Contact information: \_\_\_\_\_

**Volunteer Consent**

I \_\_\_\_\_, know and understand that being a member of The Leadership Club 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:** \_\_\_\_\_