

# Student Leadership Team (SLT) Application

(Please complete and turn in to the Minister to Students at the start of traditional school year)

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EDUCATION

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Activities involved in school:

\_\_\_\_\_

Hobbies/Interests:

## EMPLOYMENT

Are you currently employed?  Yes  No (Please check one)

Employer: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## PROGRAM INTERESTS

1. Why do you want to be on the Student Leadership Team?
2. What qualities do you have which make you a good candidate for the team?
3. If we could choose only one person to be a youth representative from each grade to be on youth council, why should we choose you?
4. On a separate sheet of paper, please include a one-paragraph personal faith statement (Use back of sheet if necessary)