



Dutchtown High School

"To Educate, Encourage and Empower"

2014-2015 STUDENT GOVERNMENT ASSOCIATION APPLICATION

This form is due back to Ms. Byrd in room 409/411 by May 9, 2014

All applicants for membership must fill out this application and return it to Ms. Byrd along with the teacher and administrator recommendations by the deadline of May 9, 2014. The applicant will be notified of acceptance or denial of the application within a week of submitting the application. If you have any questions about the office for which you are running or the election process, please see Ms. Byrd.

Name: _____ Current Grade Level: _____

Homeroom Teacher: _____

Homeroom Room #: _____

(Note: Freshmen do not need to complete step I)

I. Current GPA: _____ Counselor's Signature: _____

II. Home Address: _____ City, Zip _____

Phone Number: _____ Cell Phone _____

Your Email Address: _____

III. List all extracurricular activities you plan to participate in for the 2014-2015 school year:

_____	_____
_____	_____
_____	_____

IV. Do you understand that Student Government requires dedication, responsibility, hard work, & weekend and after school time? YES or NO

Do you understand that you will have to provide transportation (if a bus is not available) to and from all morning/afternoon meetings and activities? YES or NO

Are you willing to make these commitments? YES or NO

V. Describe three qualities or skills you possess that would be beneficial to your role in Student Government:

VI. List any previous leadership positions/experiences:

-
- I, _____, understand that as a member of Student Government and a leader at Dutchtown High School, I must set a good example for my peers. I will abide by all school rules and policies including those regarding, but not limited to the use of drugs, alcohol, and tobacco. I must maintain an **80% attendance average** to all Student Government events. I understand that failure to follow the rules and policies set by Dutchtown High School as well as those stated in the Student Government Constitution may result in my dismissal from Student Government.

Student Signature _____ Date _____

This form is due back to Ms. Byrd (Room 409/411) by May 9th by the end of the day.

Please select below the office you wish to run for. Choose only ONE position.

Executive Office

Executive President: _____

Executive Vice President: _____

Executive Secretary: _____

Executive Treasurer: _____

Executive Parliamentarian: _____

Senior Class Officer

Senior Class President: _____

Senior Class Vice President: _____

Senior Class Secretary: _____

Senior Class Treasurer: _____

Senior Class Parliamentarian: _____

Senior Senator: _____(2)

Junior Class Officer

Junior Class President: _____

Junior Class Vice President: _____

Junior Class Secretary: _____

Junior Class Treasurer: _____

Junior Class Parliamentarian: _____

Junior Senator: _____(2)

Sophomore Class Officer

Sophomore Class President: _____

Sophomore Class Vice President: _____

Sophomore Class Secretary: _____

Sophomore Class Treasurer: _____

Sophomore Class Parliamentarian: _____

Sophomore Senator: _____(2)

Freshman Class Officer

Freshman Class President: _____

Freshman Class Vice President: _____

5. How much time can you reasonably give to SGA on a weekly basis?

6. What things would you like to see the SGA of DHS do next year? What ideas would you have for fundraisers, activities, service projects, etc?

STUDENT GOVERNMENT ASSOCIATION OF DUTCHTOWN HIGH SCHOOL

TEACHER RECOMMENDATION FORM

- **Teacher Recommendation from** _____ **(Teacher Name)**
- **for** _____ **(Student Name)**

	Best				Worst
Leadership	1	2	3	4	5
Integrity	1	2	3	4	5
Self-motivation	1	2	3	4	5
Responsibility	1	2	3	4	5
Teamwork	1	2	3	4	5
School Spirit	1	2	3	4	5

Is this student respected by his/her peers? YES NO

Would you recommend this student to be a member of Student Council? YES NO

Does the candidate have any other specific skills or characteristics that you think would benefit Student Council?

Any additional comments?

TEACHER SIGNATURE: _____ **DATE:** _____

Please return to Ms. Byrd's mailbox by May 9th. Student will not see their review.

STUDENT GOVERNMENT ASSOCIATION OF DUTCHTOWN HIGH SCHOOL

TEACHER RECOMMENDATION FORM

- **Teacher Recommendation from** _____ **(Teacher Name)**
- **for** _____ **(Student Name)**

Please rate the student abilities using the rubric below.

	Best				Worst
Leadership	1	2	3	4	5
Integrity	1	2	3	4	5
Self-motivation	1	2	3	4	5
Responsibility	1	2	3	4	5
Teamwork	1	2	3	4	5
School Spirit	1	2	3	4	5

Is this student respected by his/her peers? YES NO

Would you recommend this student to be a member of Student Council? YES NO

Does the candidate have any other specific skills or characteristics that you think would benefit Student Council?

Any additional comments?

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TEACHER RECOMMENDATION FORM

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School Spirit	1	2	3	4	5

Is this student respected by his/her peers? YES NO

Would you recommend this student to be a member of Student Council? YES NO

Does the candidate have any other specific skills or characteristics that you think would benefit Student Council?

Any additional comments?

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