

STUDENT LEADERSHIP APPLICATION

2025-2026

NAME: _____ GRADE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE #: _____ D.O.B: _____

SCHOOL: _____ AGE: _____

E-MAIL ADDRESS _____ Do you check your email? Y/N

How long have you been attending our group regularly? _____

How did you become a Christian? (please give details)

To you, what does it mean to follow the Lord?

Why do you want to be in student leadership?

How would your closest friend describe your walk with God?

Here are my job choices

First choice:

Second Choice:

Third Choice:

Please **list the name and phone number** of the Christian adult, (not a relative) who is filling out your reference form.

Name _____ Phone # _____

STUDENTS: I understand that I may not get my first choice job. I agree that I will communicate if I cannot make it to my job. If I do not communicate and simply do not show up 3 or more times I understand that I will be asked to step down.

Signature of student _____

Parent's Approval

I am in enthusiastic approval of my son or daughter applying for this team. **If my son/ daughter is accepted as a member of the Student Leadership Team, I will do all I can to help him/her fulfill the requirements of this team and its commitment.**

Parent/Guardian's Signature

Date

Please return this application to (Caleb Garnett) by **Sunday, September 28th 2025**. If you have any questions, please feel free to call (262) 367-1212