

Leadership IS MY: _____1st _____2nd _____3rd Choice For An Elective

OAK CREST MIDDLE SCHOOL
APPLICATION FOR LEADERSHIP/ASB

****This is a Semester Class****

NAME: _____ Phone #: _____
Last First

CURRENT GPA _____ Student ID #: _____

Have you ever applied for Leadership before? _____ if so when? _____

Dear Leadership Candidate:

Please complete this application and return it to the OC counseling office.
You must also attach a copy of your last progress report.

The following questions are very important. Please think about them carefully and give your honest response. Answer all questions in your own handwriting

Thanks, Mr. Saville, ASB Advisor

1. Why do you want to be in leadership?

2. ASB is an organization committed to the student body. Will you be able to work after school or during lunch to help with ASB events? (tricycle races, music at lunch, staff luncheons, dance setup and clean-up..etc)

3. Will you be able to complete ten hours of community/school services over the course of the semester? Do you know what kind of community service you plan on doing in order to achieve this goal?

4. Do you feel comfortable talking in front of large groups of students such as students in a classroom or students in the lunch area?

5. How do you think we can improve school spirit and get more students involved in activities at Oak Crest?

Please have one of your teachers fill out the attached recommendation. They will turn it into the office for you. Please be sure to give them enough time to fill it out. If you do not have a recommendation, your application will NOT be considered.

Thank you for taking the time to apply for Leadership/ASB at Oak Crest. Students, you will be notified of acceptance into the class on the first day of the semester when you receive your class schedule. I encourage all students to apply every semester; there are four opportunities to be in Leadership/ASB while you are at Oak Crest...

Student's Name: _____

Dear teacher,

Please take a moment to fill out this form for your student who is applying for Leadership/ASB at Oak Crest Middle School. When you are finished, please put it in my box. Thanks a lot...Shaun Saville

DO NOT GIVE THIS BACK TO THE STUDENT!

Teacher's Name: _____

Student's Citizenship: _____

Please indicate: **1 – disagree** **2 – agree** **3 – strongly agree**

- | | | | | | |
|-----|-------------------------------------------------------------------------------------------------|---|---|---|------------|
| 1. | This student is responsible and hard working. | 1 | 2 | 3 | Don't know |
| 2. | This student shows compassion and empathy. | 1 | 2 | 3 | Don't know |
| 3. | This student would be a good role model for all students. | 1 | 2 | 3 | Don't know |
| 4. | This student shares or his/her time and self. | 1 | 2 | 3 | Don't know |
| 5. | This student is able to work independently and can work without constant supervision. | 1 | 2 | 3 | Don't know |
| 6. | This student is able to work collaboratively with peers and adults. | 1 | 2 | 3 | Don't know |
| 7. | This student possesses leadership qualities. | 1 | 2 | 3 | Don't know |
| 8. | This student gets along well with others. | 1 | 2 | 3 | Don't know |
| 9. | This student shows respect for staff and students regardless of race, religion, ethnicity, etc. | 1 | 2 | 3 | Don't know |
| 10. | This student possesses strong communication skills. | 1 | 2 | 3 | Don't know |

In the space below, please give any information you feel is important about this student.