

Student Council Officer Application

High school students only (9th – 12th grade).

Students desiring to be nominated for appointment to office must complete an application form.

(Due September 13th to Mrs. Carrie Brown)

Name: _____ **Current year in school** _____

Seeking nomination for the Student Council Office of: _____
President, Vice President, Treasure, Secretary, Publicist

The reasons I would like to be appointed to this office are:

The goals that I would like to achieve as an officer are:

RECOMMENDATIONS FROM THREE INSTRUCTORS

For a more accurate evaluation previous ICAP students are encouraged to have past instructors give recommendations.

Class: _____

Teacher name: _____ Teacher signature: _____

Based on the information on the student's application form, grades, attendance, attitude, ability, and overall character please rate how capable you feel the student is to hold this office.

Please rate between 1 and 10. (1 being the lowest and 10 being the highest possible score): _____

Comments:

Class: _____

Teacher name: _____ Teacher signature: _____

Based on the information on the student's application form, grades, attendance, attitude, ability, and overall character please rate how capable you feel the student is to hold this office.

Please rate between 1 and 10. (1 being the lowest and 10 being the highest possible score): _____

Comments:

Class: _____

Teacher name: _____ Teacher signature: _____

Based on the information on the student's application form, grades, attendance, attitude, ability, and overall character please rate how capable you feel the student is to hold this office.

Please rate between 1 and 10. (1 being the lowest and 10 being the highest possible score): _____

Comments:

STUDENT COUNCIL OFFICER PLEDGE

If appointed as a Student Council Officer, I pledge:

_____ I will be a student at the ICAP Riverside campus during the term of my service.

_____ I will adhere to the ICAP Riverside Constitution and Bylaws.

_____ I will adhere to all the ICAP Riverside School rules.

_____ I will be responsible for all work missed while gone from class on Student Council business.

_____ I will be a witness for Jesus Christ at all times.

_____ I will be an example to students in all other grade levels and will reflect God's love to them.

_____ I will put the needs of my brothers and sisters in Christ before my own.

_____ I will have an open and honest relationship with other Student Council members and leadership.

As a candidate for Student Council office, I feel I have honestly and thoroughly completed this application. I feel that I am aware of the qualifications, duties, and responsibilities of the office and feel I will be able to serve ICAP in this capacity

Applicant's signature

Date

As a parent of a candidate for Student Council office, I feel the student has honestly and thoroughly completed this application. I feel that I am aware of the qualifications, duties, and responsibilities of the office and feel that my student will be able to serve ICAP in this capacity. We support our student in the endeavor.

Parent signature

Date

All applications are to be completed and returned to the Student Council advisor, Mrs. Carrie Brown, no later than 3:00pm September 13, 2011.