



Student Leadership Council (SLC) Application

The Application Packet must contain:

- This completed application form
- Two Recommendation forms from non-relatives, each in a sealed envelope, signed across the sealed flap
- Parent Support Statement
- Personal Statement, one page or less, typed in 12 point font, *"What I Bring to GiftsToGive"*
- Resume and any supporting documents, if available

Mail via US Postal Service or drop off at: GiftsToGive, 21 Cove Street Mill New Bedford, MA 02744.

Only complete Application Packets will be considered.

Last name		First Name		Initial	
Grade as of September 2009:		__M __F		Social Security number	
Home address			City		State
			Zip		
Home telephone number			Mobile telephone number		
Email address				Date of birth	
Will you require workplace accommodations to perform your volunteer duties? ___ Yes ___ No				Any allergies, health conditions or disabilities which may interfere with your ability to perform volunteer work? ___ Yes ___ No	
If yes, specify:				If yes, specify:	
List all previous volunteer work or service organizations you have been involved with:					
Parent/Guardian			Parent/Guardian Home Phone		
Home address			City		State
			Zip		
High School			Guidance Counselor		
Year of graduation		School telephone number			
School mailing address			City		State
			Zip		

Days & times I am available for volunteer work: (Mark with an X)			
	9:00 am – 12:00 pm	12:00 – 4:00 pm	4:00 – 8:00 pm
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Self assessment (circle the number)	-	(1=poor, 5=excellent)				+	comments
Punctuality	1	2	3	4	5		_____
Appearance / grooming	1	2	3	4	5		_____
Sense of responsibility	1	2	3	4	5		_____
Ability to grasp tasks	1	2	3	4	5		_____
Leadership	1	2	3	4	5		_____
Teamwork	1	2	3	4	5		_____
Ability to work alone	1	2	3	4	5		_____
Attitude	1	2	3	4	5		_____
Department / Manners	1	2	3	4	5		_____
Ability to represent organization	1	2	3	4	5		_____
Overall leadership assessment	1	2	3	4	5		_____

I feel my strengths are: _____

Skills I would like to learn at *GiftsToGive*: _____

What is 'One Thing' you'd like to change in the world? _____

Signed: _____ Date _____

Please print name