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| CCCA Student Commissioner Application Form |
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## Student Information

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| --- | --- | --- |
| Name |  | |
| Street Address |  | |
| City ST ZIP Code |  | |
| Phone | (Home) | (Cell) |
| E-Mail Address |  | CCCA Member(Y/N) |
| High School Name |  | Grade(9,10,11) |
| Current TOCS Student(Y/N) | Former TOCS Student(Y/N) | CCCA Member(Y/N) |

## Interests

### Tell us in which areas you are interested in volunteering (feel free to choose more than one)

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| \_\_\_ Website maintenance |
| Centralized Documentation Center |
| New member recruitment |
| Fundraising |
| Storage room management |
| Special event coordination |
| Administration |
| Seminar coordination  Civic engagement activities  Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special Skills or QualificationsWhat skills or qualifications will make you a successful Student Commissioner – Please include specific examples from past employment, volunteer work, or other activities including hobbies or sports.  |  | | --- | |  | |

## Reasons for Submitting the Application

### Why are you interested in becoming a Student Commissioner?

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## Parent Information

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| --- | --- |
| Father/Guardian 1 Name |  |
| Occupation |  |
| E-Mail Address |  |
| Cell Phone |  |
| Signature |  |
| Date |  |
| Mother/Guardian 2 Name |  |
| Occupation |  |
| E-Mail Address |  |
| Cell Phone |  |
| Signature |  |
| Date |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and your interest in volunteering with us.

### Please mail the form to [SCofCCCA@gmail.com](mailto:SCofCCCA@gmail.com) before 10 pm on May, 1, 2016.