Name: Age:

 Current Year in School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Position (If any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Previous Positions (If any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other activities will you be involved in this school year (including after school jobs)? This will not effect your consideration for the Presidential Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain why you feel like you feel you would be a successful Drama Club President.

Applicant Agreement

 I understand the duties and responsibilities and if selected will carry them out to the best of my ability. I understand that if at any time I cannot fulfill my duties they will be relinquished from me and I will be relieved of my position.

 (Signature) (Date)

**Parent/Guardian Support Agreement**

I agree with the commitment my student is making. I promise to support them in attending activities as well as with encouragement at home. I realize that once selected their presence is necessary for the smooth functioning of the Drama Club.

 (Signature) (Date)