

# LEADERSHIP ACTION TEAM



Homeschool Christian Youth Association

*Please Print Legibly!*

SCHOOL YEAR APPLYING FOR: 20\_\_\_\_ — 20\_\_\_\_

**APPLICANT INFORMATION:** (HCYA uses the name each student usually goes by for all of its records.) An additional background information form will be given you later.

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT'S NAME (Last Name, Name Go By): \_\_\_\_\_ , \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_  GRAD. SENIOR?  SPORTS DAY LAST YR?

SEX: \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ YRS. HOMESCHOOLED: \_\_\_\_\_

## TELL US ABOUT YOURSELF:

Why do you want to join the Leadership Action Team?

What do you hope to learn by being on the Leadership Action Team?

What sports experience do you have that could be beneficial to Sports Day? What sports do you feel qualified to lead? (soccer, cap the flag, flag football, war ball, volleyball, basketball skills, basketball game, kickball, scatterball, street hockey, camp games, tumbling, assist with 6-9 year olds coaching and leading, other – explain)

Student's Signature: \_\_\_\_\_

## REFERENCES:

Complete the following information and attach **ONE** letter of recommendation from **ONE** of the following individuals:

- HCYA STAFF PERSON:

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- YOUR PASTOR, YOUTH DIRECTOR, OR CHURCH DEACON OR ELDER:

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- HOME SCHOOLED PARENT NOT ON HCYA STAFF:

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_