

LEADERSHIP ACTION TEAM



Homeschool Christian Youth Associations

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?

Indicate areas of experience by filling in the blank as follows: 0 no experience; 1 some experience; 2 high experience

- | | | |
|------------------------------|-----------------------|-----------------------------------|
| ____ Soccer | ____ Parachute Games | ____ Camp Games |
| ____ Street Hockey | ____ Capture the Flag | ____ Sophomore team leader/helper |
| ____ Basketball Skills /Game | ____ Flag Football | ____ Kick Ball |
| ____ Archery | ____ Tumbling | ____ Fitness (explain) _____ |
| ____ Volleyball | ____ War Ball | ____ Other (explain): _____ |

Which sports would you like to be free to participate with your own age group?

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 _____

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

NAME _____ PHONE _____