CÉSAR CHAVEZ MIDDLE SCHOOL

LEADERSHIP APPLICATION

DUE MAY 25 by 3:00 pm!

NAME: _____

(Please Print Neatly)

Home Phone Number:_____

Email Address:_____

Grade you're in this year: 6th or 7th (Circle one)

T-Shirt size (Adult size) XS S M L XL

If you're serious about applying, keep these things in mind

- You will need to be able to participate in activities that happen after school.
- ASB Leaders have LEADERSHIP as their elective.
- If SELECTED, you are committing to being a leader for ONE school year.
- You will be required to attend after school functions and asked to purchase a leadership shirt ($15)

✪ I understand that the responsibilities of the CCMS Leadership Team are:

1. To promote respect for our school.
2. To make policies concerning student activities to build better school spirit and participation.
3. To discuss and recommend solutions to problems which concern the students of CCMS.
4. To help raise money for the activities of the CCMS ASB and spend the funds for the benefit of all students at CCMS.
5. To attend and actively participate in all Leadership meetings and activities.
6. To complete school/community service outside of class.
7. To be a leader that does not lie, cheat, or steal, nor tolerate those who do (in any way).
8. To maintain a 3.00 GPA (and no Ds, Fs, Ns, or Us)

Failure to maintain any items above will result in probationary status or removal from Leadership.

✪ APPLICATION INCLUDES:

A) Short-Answer Questions: Fill out the questions in this packet (you may type them if you like, but it is not required). Remember, other students at CCMS are applying for the same opportunity. What will make YOU different? Grammar, punctuation, and good sentence structure are important! Show you have the ability to be a student leader by being thoughtful and specific in your answers.

B) Teacher Recommendation: You must obtain two (2) teacher recommendations. At least one (1) recommendation must come from your CORE teacher. You may choose a CCMS staff member that knows you well to fill out the other recommendation. A minimum of 35 points are required from each teacher to be eligible.

C) Parent Permission: I hereby give my permission for my son/daughter _____ to apply to be a student leader at CMS. _____ Date: _____

(Legible Parent Cursive Signature)

D)Student Signature: I completely understand all that is required of me for an ASB leadership position.

_____ Date: _____

(Legible Student Cursive Signature)

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Short Answer Questions: Please answer in complete sentences. Please answer these questions on another sheet. Grammar and spelling will be counted as part of your application. So take your time… ☺

1. **Why do you want to be an ASB student leader?**

2. **What leadership qualities do you possess?**

3. **We are always looking for creative ways to increase student participation at school. What ideas do you have? Describe your idea. It can be a lunchtime activity, an assembly, etc.**

4. **List one problem you see at CCMS and describe a possible solution.**

   Problem:

   _____

   _____

   Solution:

   _____

5. **<u>What would you do in the following scenario?</u>** You are an ASB member at a noon time activity where someone threw food at a participant of the activity. The participant, although wasn't hurt, left the activity in embarrassment. The administration wants to know who did it. You saw the person who threw the food and he is your good friend.

6. **What positive influence will you have at Chavez next year?** Be specific.

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ASB Leader Application

Current Grade, Citizenship, and Work Habits Verification Form

Teachers:
Please fill out this form to the best of your ability. If you have any comments please feel free to discuss them with this student and write us a comment below. However, if you would rather email us with any confidential information, we would appreciate any information that would lead us to select the best Leaders for Cesar Chavez Middle School.

ASB Leader Applicant:_____

SUBJECT	TEACHER	GRADE AND/OR %	CITIZENSHIP	WORK HABITS
Math				
Science				
Language Arts				
Social Studies				
Physical Ed.				
Elective _____				
Elective _____				

Please email us with any confidential information!!!

Contact info: Fernando Buchner fbuchner@nhusd.k12.ca.us
(510) 487-1700

CESAR CHAVEZ MIDDLE SCHOOL ASB LEADER

TEACHER RECOMMENDATION

Grade you're in this year: 6th or 7th (Circle one)

Student's Name: _____

Teacher Name: _____ **Subject you teach this student:** _____

Grade or % in Class: _____ **Citizenship:** _____

- I thank you in advance for your response and your willingness to provide an honest, confidential recommendation for the above named student.
- Return form to Mr. Buchner. Room X4 or my teacher box.

SCORING RUBRIC:

1 Poor 2 Needs Improvement 3 Average 4 Above Average 5 Superior

Score	Areas of Evaluation
	Leadership Capabilities/Initiative
	Responsibility/Dependability
	Maturity Level
	Trustworthiness ***(Rate with the following in mind: This student and your wallet…)***
	Enthusiasm/School Spirit
	Attendance
	Attitude—Towards Fellow Student(s)
	Attitude—Towards Authority
	Ability to Apply Constructive Criticism
	Ability to Work Well with Others
____/50	**TOTAL**

Comments: *(Any comments you share about these students will help us get to know our incoming ASB Leadership Class!)*

Teacher's Signature: _____ **Date:** _____

Contact info: Fernando Buchner fbuchner@nhusd.k12.ca.us
(510) 487-1700

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