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**G.O. TEAM APPLICATION**

 G.O. Team G.O. Team

The G.O. Team is a select group of students identified as LEADERS, HELPERS, and ROLE MODELS. The team has a long tradition of excellence and service. Students are selected based upon leadership qualities, recommendations, and past FIT participation. Responsibility, leadership, initiative, friendliness, and helping others are qualities of G.O. members

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK/CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL**

*EXTRACURRICULAR ACTIVITIES, CLUBS, SPORTS, COMPETITIONS*

2018-2019 (List activities for 7th Grade)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*COMMUNITY SERVICE*: **How** have you helped at **LMS** (for class, students, or school wide)?

**COMMUNITY**

*ACTIVITIES, ORGANIZATIONS, (EG. SCOUTS, 4H, LESSONS, CHURCH/YOUTH GROUPS*)

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*NEXT YEAR (Gr 8) – IN WHAT SPORTS/CLUBS DO YOU PLAN TO PARTICIPATE?*

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**PARTICIPATION: Participation in G.O. activities and attendance at meetings is important for communication and team building. Members are required to perform community service. Members will be expected to be active. Will you make a commitment to attend all meetings and participate in community service activities/projects? \_\_\_\_\_\_**

**ROLE MODELS – LEADERS: G.O. TEAM MEMBERS WILL DO THE FOLLOWING: This is 24 – 7 (24 hour, 7 days a week.) Will you do this?**

* **Practice zero use of alcohol, tobacco, and other drugs. \_\_\_\_\_**
* **Treat others with respect. Practice zero use of violence.** \_\_\_\_\_

WHY DO YOU WANT TO BE A MEMBER OF G.O. TEAM?

WHAT STRENGTHS & CONTRIBUTIONS WILL YOU BRING TO THE G.O. TEAM?

STUDENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_