

## Power of Peers Member Application

Thank you for your interest in POP (Power of Peers). POP members are a select group of students identified as LEADERS, HELPERS, and ROLE MODELS! The selection process for POP members will include the following:

1. Return the completed application to Cindy Inman. NO EXCEPTIONS!
2. Give the recommendation sheets to two teachers. Those sheets are attached to this application.
3. Review of the application by POP co-sponsors and AMS/AHS administrators.
4. A short interview with POP co-sponsors and council members. Information regarding the interview will be available when you turn in your application.

Name \_\_\_\_\_

Grade \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Parent(s) Names \_\_\_\_\_

Address \_\_\_\_\_

### **POP t-shirt:**

If you are selected to be a part of the POP group, you will receive a t-shirt which is required to be worn at all POP related events (unless otherwise stated). Please circle the size you will need:

Adult:    Small    Medium    Large    X large    2X large

### **Extracurricular Activities:**

Please list all extracurricular activities, sports, organizations, and competitions you are involved in. Include activities outside of school as well as any awards you may have won. Attach an additional sheet of paper if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Leadership Experience:**

Please list any past leadership experience. How have you helped in the community (at school, in the classroom, church, scouts, etc.)? Attach an additional sheet of paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

**Discipline:**

Have you ever received:     \_\_\_ Suspension     \_\_\_ Detention

If so, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been in trouble in the community?     \_\_\_ Yes     \_\_\_ No

If Yes, Please explain. \_\_\_\_\_

\_\_\_\_\_

**References:**

You are required to provide 2 school references willing to attest to your character and commitment. Please ask both individuals to fill out the attached reference checklist. These checklists should be returned directly to Mrs. Cindy Inman in a *sealed* envelope. Please list the names of your 2 school references (so that we know who to expect to get a form from):

1. \_\_\_\_\_     2. \_\_\_\_\_

**Participation:**

Participation in POP activities and attendance at meetings is important for communication and team building. Members are *expected* to be active. Will you make a commitment to attend all meetings and participate in community activities / projects?     \_\_\_ Yes     \_\_\_ No

**Role Modeling:**

*The values, characteristics, and responsibilities that POP members pledge to uphold are a 24/7 (24 hours a day, 7 days a week) commitment. Can you and will you commit to upholding this commitment?*     \_\_\_ Yes     \_\_\_ No

*Do you pledge to remain alcohol-free, tobacco-free, and drug-free?*     \_\_\_ Yes     \_\_\_ No

*Do you pledge to maintain a violence-free lifestyle?    \_\_\_ Yes    \_\_\_ No*

*Do you pledge to treat others with respect and to conduct yourself according to POP Bylaws?  
\_\_\_ Yes    \_\_\_ No*

**Leadership:**

Please tell us (one page or less on an attached sheet of paper) why you want to be a member of POP. Include information regarding the following topics:

1. What strengths will you bring to the group?
2. Why you feel it is important to have a group like POP in school?
3. Why do you feel it is important to maintain an alcohol, tobacco, and drug- free lifestyle?
4. What do you hope to gain from participating in the POP group?

I agree that the information provided on this application is correct.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_