

2019 DISTRICT III OVERNIGHTER J.C. APPLICATION

Process

- Complete and print application.
- Have your **advisor** submit your application and your 1 minute, 30 second (max) video to the Assistant Executive Secretary (phillip.jenkins@edu.forneyisd.net)
- Please Request a read receipt.

NOTE: 10 – 15 applicants will be selected as an Overnighter JC. Schools may submit multiple applications, but no more than 2 will be selected from each school. If the number of applicants is not reached, special consideration will be given to the applicants from schools who already have 2 JCs selected.

DUE DATE: October 29, 2019

EXPECTATIONS:

- Must attend the Leadership Luncheon on Tuesday, November 14, 2019 to receive initial training. Training will follow the luncheon for approximately 1 hour.
- Must be able to be at the Overnighter location at least 1 hour prior to the start of the event. (currently 4pm, December 13th).

VIDEO REQUIREMENTS:

The following information must be included within your video.

- State your name, your grade level, your advisors name, and the name of your school.
- Please state any experience you have.
- Please state what you have to offer as an Overnighter JC.
- Please state why you believe the selection committee should choose you.

STUDENT APPLICATION

Students: Please complete this application (including the video) and give to your Advisor to complete the evaluation. Be sure to obtain your principal's signature. *Click and type into the boxes on the form below to start your application process.*

Check one: ☐ Male ☐ Female

Student Name:	Student E-Mail:
School Name:	StuCo Advisor Name:
School Address:	School City / State / Zip:
Student Home Address:	Student Home City / State / Zip:
Student Home Phone:	School Phone:
Student's Current Grade Level:	Student's Current Age:
Student's Cell Phone:	Application Video Link (if video is posted instead of being emailed):

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STUDENT APPLICATION

CHECK ALL THAT APPLY REGARDING YOUR STUDENT COUNCIL EXPERIENCE

- ☐ Officer: (list) _____
- ☐ Committees: (list) _____
- ☐ District Officer: (list) _____
- ☐ State Officer: (list) _____

Other Leadership Positions:

- ☐ Have you been a TASC J.C. before? (list) _____

List TASC Summer Workshop(s) attended as a participant:

Year: _____ Location: _____

Year: _____ Location: _____

Have you attended an Advanced Leadership Workshop?

Year: _____ Location: _____

Year: _____ Location: _____

List other workshops attended (NLC, HOBY, FFA, etc)

Year: _____ Location: _____

Year: _____ Location: _____

Year: _____ Location: _____

Technical Expertise:

☐ Low ☐ Med ☐ High

Rank (1-5) your TOP FIVE strengths ONLY:

- | | |
|---|--|
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Musical (sing, play an instrument) |
| <input type="checkbox"/> Follows directions | <input type="checkbox"/> Willing to work hard, especially behind the stage |
| <input type="checkbox"/> Responsible/dependable | <input type="checkbox"/> Follow-through |
| <input type="checkbox"/> Stage presence | <input type="checkbox"/> Maturity |
| <input type="checkbox"/> Able to share the stage | <input type="checkbox"/> Adapts to new situations |
| <input type="checkbox"/> Other-oriented | <input type="checkbox"/> Self-starter |
| <input type="checkbox"/> People person | |
| <input type="checkbox"/> Artistic (draw, paint, letter) | |

Please rank the following that best describes you (1 being most like you; 4 being least like you)

_____ Relationship-oriented, Being Real, Drama, Romance, Helping Others, Peacemaker.

_____ Duty, Responsibility, Caretakers, Ceremony, Organization, Stability.

_____ Innovation, Competence, Problem Solver, Self-Critical, Independent, Straightforward.

_____ Action, Impulsive, Less structure, Excitement, Storyteller, Fun-loving

I affirm that I intend to be an active TASC member in 2019-2020. I know it is my responsibility to arrange transportation to and from the workshop site. I know that I must be at the workshop site approximately 1 hour prior to the start of the workshop. I know I must return forms by the due date specified.

Student Signature _____ Date _____

Principal Signature _____ Date _____

THE DEADLINE FOR APPLICATIONS IS OCTOBER 29, 2019

ADVISOR EVALUATION

ADVISORS: PLEASE COLLECT YOUR STUDENT'S APPLICATION, COMPLETE THIS EVALUATION AND SUBMIT ELECTRONICALLY TO THE ASSISTANT EXECUTIVE SECRETARY

(PHILLIP.JENKINS@EDU.FORNEYISD.NET).

THIS EVALUATION IS NOT TO BE SEEN BY THE STUDENT APPLICANT.

Please rate this applicant in the following areas with 1 being low and 5 being high.

AREA:	1: LOW	2	3	4	5 HIGH	Not Observed
Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible/dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stage presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to share the stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other-oriented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic (draw, paint, letter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical (sing, play instrument)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to work hard (esp. behind the stage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow-through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapts to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mandatory Advisor Comments: (Applicants may not be considered without advisor comments.)

☐ I certify that all information submitted by applicant and advisor is correct. I also acknowledge that he/she will need to be at the assigned workshop before the workshop is to start at a time designated by the director and will not be dismissed until released by the director. I also know that the student must return forms by a date set by the director or he/she may be replaced. I also know that additional students from my school will not be allowed to enter the facility prior to the start of registration so that the director can setup for the event without distraction.

Advisor Name _____

Advisor Signature _____ Date _____