

2013.2014 POPS BOARD MEMBER APPLICATION

- **THE POPS TEAM BOARD IS MADE UP OF 15-20 7TH AND 8TH GRADE STUDENTS.**
- **NOT ALL STUDENTS APPLYING FOR THE BOARD WILL BE CHOSEN.**
- **YOU NEED TO COMPLETE THIS APPLICATION BY FRIDAY 9/27 AND RETURN IT WITH YOUR POPS REGISTRATION TO MRS. BAHRKE OR MRS BAYDA AT OUR TRAINING THAT EVENING.**
- **LATE APPLICATIONS WILL NOT BE ACCEPTED.**
- **WE WILL NOTIFY YOU IN WRITING BY OCTOBER 2 AS TO YOUR STATUS FOR NEXT YEAR**

Printed Name:	House:	Date:
Signature:	STRIDE:	

Essay Questions:

You may type or attach another piece of paper to fully answer

1. Why do you want to be a part of the POPS Board?
2. What are your best qualities that you feel will contribute to the POPS team?
3. How can you apply skills you plan to use/learn by being on the POPS Board to your future career?
4. What activities do you participate in that make you a good team member?
5. How do you balance the demands of family, friends, school and your activities?
6. Describe a time in your life you had to solve a problem independently.

7. How do you stay organized?

8. Give an example of a time when someone shared an idea you didn't like and how you responded.

9. On a scale from 1-5 (5 being most comfortable), how comfortable are you at speaking in front of others?

Small group	1	2	3	4	5
Classroom	1	2	3	4	5
POPS Team	1	2	3	4	5
Town Meeting	1	2	3	4	5

School Spirit:

How many dances did you attend last year?

Do you participate in dress up days?

Any additional information you would like the POPS screening committee to know about you.

Availability:

What time commitment are you able to make to being on the POPS Board?

After School:	During School:	What else are you involved in after school at Bay View or in the Community?
One Monday per Month from 2:45-3:30PM <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a study hall? <input type="checkbox"/> Yes <input type="checkbox"/> No Hour _____ Day _____	