

# Salem High School Student Council 2016-2017

8 September 2016

## Student Council Memo

**TO: All Student Council applicants**

**FROM: Mrs. Mutter Student Council Advisor**

**RE: Directions**

Please follow instructions exactly. If any of the required elements are missing, your application will be incomplete and you will not be considered for a spot on Student Council. If you have any questions, please call 935-3900 ext. 3233 or e-mail [mutter@salemnj.org](mailto:mutter@salemnj.org) (Make sure to let me know how to get back in touch with you.) **Applications are due by Friday, 9/16/16**

**Directions:**

- 1. Print out all parts of the application.
  
- 2. Personal Information: **Part One / Page 1**
  
- 3. Collect all necessary signatures: **Part Two / Page 2**
  
- 4. Answer the Essay questions as completely as possible. Experience, willingness to work, and new ideas all count! Please type your answers and attach to your signature page: **Part Three / Page 3**
  
- 5. Ask two teachers (or one teacher & one coach) to fill out the recommendation: **Part Four / Page 4 & 5**
  
- 6. Return application to Mrs. Mutter in the SHS LRC by **Friday, 9/16/16**

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**Part One: Personal information: Print clearly. (If I cannot read your application, I cannot accept it!!)**

This application will determine whether or not you will be accepted onto Salem High School Student Council this year. We're looking for enthusiasm, experience, and new ideas. Answer as thoroughly as possible. [NOTE: Filling out this form does NOT guarantee you a place in Student Council.]

NAME: \_\_\_\_\_ Class of: \_\_\_\_\_

Homeroom # \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

School Email Address: \_\_\_\_\_

Cell PHONE #: \_\_\_\_\_

## Salem High School Student Council 2016-2017

### Part Two: SIGNATURES

Collect the signatures of **twenty classmates, your guidance counselor, your class advisor & your parent.**

**Peer signatures:** I believe that \_\_\_\_\_ would do a good job of representing my views on Student Council.

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

**GUIDANCE COUNSELOR SIGNATURE** \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**CLASS ADVISOR SIGNATURE** \_\_\_\_\_

COMMENTS: \_\_\_\_\_

I understand that, if accepted, I must abide by the rules set forth in the Salem High School Student Council Constitution. (A link to the Constitution may be found on the Student Council website.)

\_\_\_\_\_  
Applicant Signature

I understand that my son/daughter is applying for membership in Student Council and I support that decision.

\_\_\_\_\_  
Parent's signature

## Salem High School Student Council 2016-2017

### Part Three: ESSAY QUESTIONS

Respond thoroughly to these questions. Type your answers and attach the sheets to your signature page. DO NOT put your name on the page with your essays!

Allow your answers to show what kind of Student Council member you would be. We're looking for enthusiasm, experience, creativity, and new ideas!

Please limit all of your responses to two pages. We will not read past two pages.

1. Why do you want to be on Student Council?
2. What personal qualities do you have that will help you as a Student Council Representative?
3. Please list your school and community activities, include current & previous participation.

\* Please answer either questions 4 or 5:

4. Please describe a school activity that Student Council has not done that you would like to see happen.

Or

5. Please Describe a Student Council activity that took place last year and how you can help to improve this activity this year.
6. (Optional) What would you like us to know about you that you have not told us so far?

## Salem High School Student Council 2016-2017

**Part Four: RECOMMENDATIONS**—ask two of your teachers (or one teacher & one coach) to fill out the attached page and return it to Mrs. Mutter in the SHS LRC. You may ask current or previous teachers.

### Teacher Recommendation Form for Student Council

\_\_\_\_\_ is applying for **Salem High School 2016-2017 Student Council**.  
Please rate the following personal qualifications, with 5 being the highest.

\*If you have no basis for judgment, please choose "N."

**NOTE:** Please be as specific as possible in your comments to give us a clear picture of this student's strengths.

Has respect of her/his peers	1	2	3	4	5	N
Has respect of adults	1	2	3	4	5	N
Leadership ability	1	2	3	4	5	N
Sense of responsibility	1	2	3	4	5	N
Skill in communication	1	2	3	4	5	N
Skill in listening to others	1	2	3	4	5	N

**Check one:** \_\_\_\_\_ I recommend this student.

\_\_\_\_\_ I DO NOT recommend this student.

**Comments:**

Signature: \_\_\_\_\_

**Please return this form to Mrs. Mutter by September 16, 2016. Thank you for your input & time!!**

## Salem High School Student Council 2016-2017

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**Check one:** \_\_\_\_\_ I recommend this student.

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**Comments:**

Signature: \_\_\_\_\_

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