Student Council Application and Information Packet

We are so glad that you want to be a part of one of the most active and influential organizations at Buckeye Valley Middle School! Student Council takes a great deal of time, energy, and dedication! If you have made the decision to join Student Council that means that you are willing to make these commitments. Please read the following information and make sure you understand the member requirements. Mrs. Rose will serve as the Student Council advisor and will work closely with the BVMS staff to assure all members are being positive role models! Student council plays an important role in our school. Students that participate in Student Council share ideas, listen to concerns, and work to better our school. This year our council will focus on leadership, being a positive role model/student ambassador, service, and what it means to go the extra degree. Students that run for Student Council believe their character sets an example for the rest of the school to follow.

Interested?! Here is the timeline:

- **Tuesday, September 9, 2014-** Applications and Teacher Recommendations due to Mrs. Rose in Room 108
- **Friday, September 12, 2014-** Acceptance Letters Delivered

Students must maintain at a minimum of a C or above in all scheduled classes. Please read the following information carefully.

**Members are accepted based on the following criteria:**

1. Application
2. Teacher Recommendations
3. Good academic/behavior standing

After reviewing the above items, Mrs. Rose will notify candidates with a letter indicating whether or not they have been selected as a Student Council Member.

**The Purpose of Student Council**

The purpose of BVMS Student Council is to provide assistance to our school, community, students, and staff through a variety of services. Student Council will strive to reach out to people in need, participate and help during school functions, organize and advertise for school activities, encourage a positive culture through school spirit, and work to make BVMS the best school in the county!

If you are interested in joining BVMS Student Council, please fill out the attached application and return it to school by Tuesday, September 9th. If you have any questions, please contact Mrs. Rose by calling the school or emailing: lrose@mybvls.org

Keeping kids first,
Mrs. Rose
BVMS Student Council Advisor
Student Council Profile

Do I fit the description?

- I follow all school and classroom rules.
- I respect all adults and students of BVMS.
- I am willing to attend all meetings and will arrange transportation to these meetings.
- I will be on time to meetings and functions.
- I will listen carefully and think about all ideas and discussions.
- I will share ideas and comments to add to the discussions.
- I will work hard and finish projects I am assigned.
- I will report to my class after each meeting.
- I will represent the student body as a “voice” to student council
- I will keep an open mind to all new ideas.
- I will use good manners.
- I AM a good role model to my fellow students of BVMS!

Does this sound like the job for you? Please discuss this with your parents. Then return the application to Mrs. Rose by Tuesday, September 9th.

Meetings will be held at least once a month before school beginning at 7am. Additionally, optional meetings focused on service projects will be held after school as needed. More details to come!

Our school theme this year is 212* Going the EXTRA DEGREE. By committing to Student Council, you will be committing to displaying that extra effort in all you do! It is time to turn up the heat and go from good to GREAT!

APPLICATION STEPS FOR STUDENT COUNCIL CANDIDATES

- Discuss this packet with your family and decide if this is the job for you!

- Complete the attached application and return to Mrs. Rose Room 108 by September 9, 2014.

- Select a teacher and request that they complete the teacher recommendation form attached and return to Mrs. Rose Room 108 by September 9, 2014.
Student Council Application

Name ____________________________________________

Grade______ Homeroom Teacher______________________________

Birthday ___________________________ Cell Phone______________

Student Email ____________________________________________

Parent Names____________________________________________

Parent Email____________________________________________

List all extracurricular activities you plan to participate in for the 2014-2015 school year:

1. _____________________________________ 4. _____________________________________
2. _____________________________________ 5. _____________________________________
3. _____________________________________ 6. _____________________________________

Circle days of the week that you are available to meet both before and after school Do you prefer: Morning or Afternoon
M T W TH F

Do you understand that being a Student Council member requires dedication, responsibility, hard work, and weekend and after school time?
Yes or No

Do you understand that you must have transportation to and from all morning/afternoon meetings and activities?
Yes or No

Are you willing to make these commitments?

Yes or No

Please explain why you would make a good student council representative at BVMS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I, __________________________, understand that as a member of Student Council and a leader of Buckeye Valley Middle School, I must set a good example for my peers. I will abide by all school rules and policies and be a positive role model. I must maintain an acceptable attendance average to Student Council events, and must attend all mandatory events. I understand that failure to follow the rules and policies set by Buckeye Valley Middle School may result in my dismissal from Student Council.

Student Signature __________________________ Date ________________

I have read the cover letter and application and understand the commitment my child is making to Student Council.

Parent Signature __________________________ Date ________________
STUDENT COUNCIL

Teacher Recommendation Form

TEACHERS: This student is applying for a Student Council for the 2014-2015 school year. The candidate has selected you to complete this form on their behalf. We would like you to make careful selections regarding each area, as these characteristics are essential to the success of Student Council. If you have any questions regarding this form, please feel free to contact MRS. ROSE. Thanks for your time and effort!!!!

Please return these forms to MRS. ROSE by Tuesday, September 9th.

CANDIDATE: Please complete this section.

Student Name: ___________________________________

Current Grade Level: (please circle one) 5th 6th 7th 8th

Teacher: ________________________________________

Course Name (subject/level): _______________________

TEACHER: Please complete this section. Current academic standing in your class: _____

Please rate the student in each area by circling the appropriate number. (1 – unacceptable, 10 – excellent)

Responsible 1 2 3 4 5 6 7 8 9 10

Resourceful 1 2 3 4 5 6 7 8 9 10

Cooperative 1 2 3 4 5 6 7 8 9 10

Reliable 1 2 3 4 5 6 7 8 9 10

Leadership 1 2 3 4 5 6 7 8 9 10

Preparedness 1 2 3 4 5 6 7 8 9 10

Is this student respected by his/her peers? YES NO

Would you recommend this student to be a member of Student Council? YES NO

Does this candidate have any other specific skills or characteristics that you think would benefit Student Council? Any additional comments?

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Teacher Signature

____________________________________________________________________________