Kane Area School District
Junior School Board Member Application

- The Board will appoint one (1) non-voting Junior Board Member (JBM) annually.
- The term of office is one (1) school year.
- Interested high school students must submit an application with all required attachments to the Superintendent one (1) week prior to the September Board work session.
- Applicants must attend the September work session for an informal interview with the Board.
- The successful candidate will be notified in writing by the Board, then appointed and seated by a majority vote of the Board at the regular meeting in September.
- JBM is required to attend a minimum of two (2) additional work sessions and two (2) additional regular meetings for a total of four (4) meetings during the term. JBM may attend more meetings as desired.
- JBM may not attend executive sessions of the Board.
- When the JBM wishes to speak on a topic not on the agenda of a work session or regular Board meeting, he/she must contact the Board Secretary 24 hours or more in advance to have their discussion topic placed on the agenda.

Applicant Information

Full Name: _____ Date of Birth: _____Grade: _____

Address: _____

Phone: _____School Email:_____

Academic Standing

Applicants must be in **good academic standing**. Attach a copy of your last report card and check the box below to verify.

☐ The attached report card is a true and accurate record of my academic standing.

Leadership Experience

Please list three of your past or current leadership roles (clubs, teams, student government, etc.):

1. _____
2. _____
3. _____

Skills & Interests

Check any that apply to you:
☐ Public Speaking ☐ Problem Solving ☐ Event Planning ☐ Teamwork ☐ Advocacy
☐ Writing ☐ Peer Mentoring ☐ Listening & Communication ☐ Volunteer Work ☐ Athletics

Other notable skills and interests:_____

In 5-7 sentences, describe why you want to be a Junior School Board Member? (a typed response may be attached)

Recommendation

Attach one letter of recommendation from a teacher, school counselor, or administrator. Check the box below to verify.

☐ I verify that one letter of recommendation has been attached.

By signing this form, we acknowledge that the information provided is true and accurate. We also understand the responsibilities of being a Junior School Board Member of the Kane Area School District, including attending meetings and representing student voices.

Student Signature: _____ **Date:** _____

High School Principal Signature:_____ **Date:** _____

Parent/Guardian:

Name:_____

Phone: _____

Email: _____

Parent/Guardian Signature: _____ **Date:** _____