

**Circle of Friends in Love  
LEADERSHIP APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: M F  
Contact #: (Cell) \_\_\_\_\_ (E-mail) \_\_\_\_\_  
School & Grade in 08/2023: \_\_\_\_\_  
Emergency Contact: (Name) \_\_\_\_\_ (Number) \_\_\_\_\_  
This will be my 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> year in COF.

**I am applying for COF Leadership. By signing this application, I promise to commit to COF as my first priority for the program year of 2023- 2024.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**APPLICATION DUE DATE: MAY 31, 2023**

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**Circle of Friends in Love  
PARENT/GUARDIAN'S AGREEMENT**

Parent/Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact #: (cell) \_\_\_\_\_ (E-Mail) \_\_\_\_\_

Did you read Leadership Opportunity Announcement? Yes ( ) No ( )

**Dear COF Parent/Guardian;**

**Your child is voluntarily applying to be a COF leader, which will emerge them into leadership roles. They will be serving children/adults with developmental disabilities and have more responsibilities than other regular volunteers. We appreciate your child's dedication and true loving heart towards our children and adults with disabilities. However, taking a leader position requires more time and efforts to fulfill its responsibilities. Therefore, without your agreement, we won't grant this privilege and responsibility to your child. If you have any questions about this, please contact Ross Gable by email at [rtgable@gmail.com](mailto:rtgable@gmail.com) before you sign this agreement. Please discuss with your child about his/her commitment and time management. And then if you agree to have your child put their best effort for this honorable job, please sign and date. Thank you for your support.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_