



# Chapter Candidate Application Form

I wish to be considered as a candidate for the following office: \_\_\_\_\_ CHAPTER

Sweetheart  Princess

**PLEASE COMPLETE THE FOLLOWING SECTION - PRINT ALL INFORMATION**

NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ DO YOU DRIVE? Y / N

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I AM A MEMBER OF: (check all that apply)  JOB'S DAUGHTERS  RAINBOW FOR GIRLS

IS YOUR BETHEL GUARDIAN AND/OR MOTHER ADVISOR AWARE OF YOUR DESIRE TO BE IN THE SWEETHEART PROGRAM  Yes  No

BETHEL:	ASSEMBLY:
BETHEL GUARDIAN NAME:	MOTHER ADVISOR NAME:
PHONE NO:	PHONE:
EMAIL:	EMAIL:
MEETING NIGHT/TIME:	MEETING NIGHT/TIME:

*Note: The Sweetheart Advisor will be contacting the person(s) listed above. As a courtesy, please share your desire to be in the Sweetheart Program with her before your Chapter Advisor contacts her.*

LIST THE OFFICES YOU HAVE HELD IN RAINBOW OR JOB'S DAUGHTERS:

\_\_\_\_\_  
\_\_\_\_\_

WHAT SCHOOL DO YOU ATTEND?: \_\_\_\_\_ GRADE: \_\_\_\_\_

WRITE A BRIEF ESSAY ON WHY YOU WOULD LIKE TO BE SWEETHEART OR PRINCESS FOR THIS CHAPTER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

