Montana Youth and Government Program

Application for House Clerk, Senate Secretary,
Supreme Court Clerk, Sergeant at Arms, Chaplain

Due February 16

Name:_____ Year in School:_____

Delegation:_____

I am applying for the following positions (Check all that apply. You are encouraged to apply for more than one position on this form, but, please rank in order of preference):

_____Supreme Court Clerk (2 positions)
_____Clerk/Secretary (2 positions) preferred chamber (circle): House Senate
_____Sergeant at Arms (2 positions) Preferred chamber (circle): House Senate
_____Youth and Government Chaplain (one position)

Please answer the following questions in a complete and professional manner. Use a separate paper and *please attach this form to your answers.*

1. Please list prior experience that qualifies you for this position. Include past Youth and
2. Government experience, if any, as well as other activities and/or classes which might help to demonstrate your ability to do the job:
3. Describe a time when you were in charge of a task too large to handle alone and explain how you delegated authority to others.
4. Describe a time when you effectively resolved a conflict between two (or more) other people in such a manner that both continued to be able to work on the general activity and neither individual quit.

Signatures

I hereby declare that the above and attached information is complete and truthful. I agree that, barring emergencies and unforeseen circumstances, if offered this position, I will prioritize the daytime hours the Youth and Government program meets in Helena above all other extracurricular activities. I agree to attend the Youth and Government session in its entirety and will not schedule non-emergency appointments, meetings or activities of any kind during the daytime hours the program is in session.
Applicant's Signature_____

I support my child's application for the above position, and understand that it will be necessary for my child to be present at the Capitol in Helena during all daytime hours that the Program is in session, and do not know of any current scheduling conflicts that would interfere with my child's ability to accept if chosen.

Parent or Legal Guardian's Signature (required)_____

I hereby support the above individual's application and declare that, to the best of my knowledge, the information he or she has provided is truthful.

Advisor's Signature (required)_____