

AFR/ANG Teen Leadership Summit
Adult Leader Application

First Name:	Middle Name:	Last Name:	
Address:	City:	State:	Zip:
Primary Phone No.		Alternate Phone No.	
Social Security No. (required for background check)		Email Address:	
Date of Birth: (required for background check)			
Have you ever been convicted of a felony or are any felony charges now pending against you?		Please explain any pending felony convictions:	
Have you ever been convicted or are any charges now pending against you by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance:		If yes, please explain:	
Are you now, or have you been within the last ten (10) years, been a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives been the overthrow of the government of the United States or the government of the State of Georgia by force or violence?		If "Yes," state the name of the organization and your past and present membership status, including any offices held therein.	
Have you ever been discharged or forced to resign from employment?	If yes, give name of employers and reasons:	Are you 16 years of age or older?	
Do you currently have a valid driver's license?			

Work Information

AFR/ANG Unit:	Supervisor's name:	Supervisor's email:
Unit Address	Supervisor's phone number:	
City and State:	Please circle one: AFR or ANG	

Skills, Knowledge & Abilities

Do you have experience working with youth?	If yes, please give details. Use the back if necessary.
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