

**GCHS**

## **INTERACT MEMBERSHIP APPLICATION**



**Please print all information**

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Route/Hwy PO Box City Zip

**Parent(s)**

Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

**Student Contact Information: Do you prefer text \_\_\_\_\_ or e-mail \_\_\_\_\_?**

E-mail: \_\_\_\_\_

Cell number: \_\_\_\_\_

Home phone: \_\_\_\_\_

**Parent Contact(s)**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

home

cell

work

other



**Check all that apply**

Activities I am interested in participating (all may be volunteer hours)

- ☐ Committee Leader
- International Activity
  - ☐ Cultural Awareness
  - ☐ Worldwide Hydrocephalus
  - ☐ Other
- Habitat for Humanity
  - ☐ Kitchen/Food Pantry
  - ☐ Other
- ☐ Second Harvest
- ☐ Conflict Resolution
- Interact Competitions
  - ☐ 4Way Essay
  - ☐ 4Way Speech
  - ☐ 4Way Poster
- Health/Wellness
  - ☐ Personal exercise plan w/documentation
  - ☐ Coordinate Wellness Workshops
  - ☐ Special Olympics
  - ☐ Other
- Career Day/Mentoring
  - ☐ Job Shadowing
  - ☐ Internships
  - ☐ Mentoring
  - ☐ After School Program(s)
  - ☐ Literacy Tutoring/Mentoring
  - ☐ SAT/ACT—other
  - ☐ Fundraising
- Others

**Check all that apply**

Areas I want to get better include the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Leadership    | <input type="checkbox"/> Public speaking | <input type="checkbox"/> Team building |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Writing         | <input type="checkbox"/> Volunteering  |

**Pledge:** As a member of the GCHS Interact Club, I will adhere to the 4WayTest at home, in my school, in my community, and in my world.

\_\_\_\_\_  
Student Signature /date

\_\_\_\_\_  
Parent Signature/date

**Recommendations:** I recommend \_\_\_\_\_ as  
worthy of membership in the GCHS Interact Club.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_