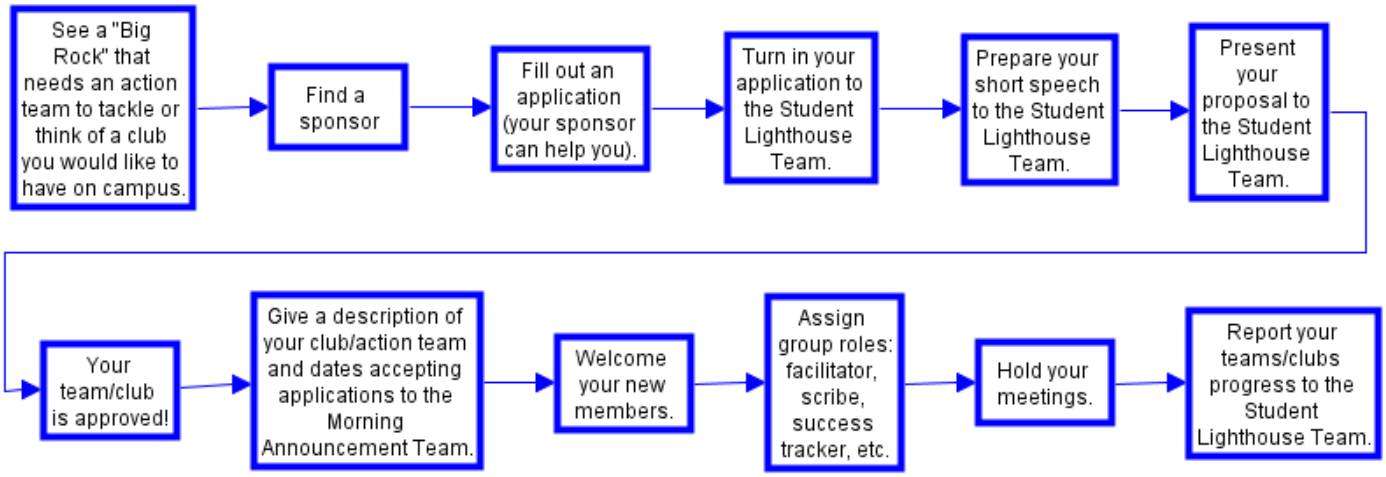
Forming an Action Team or Club Application



Turn-in completed and signed application to the Student Lighthouse facilitator.



Student/s name: _____ Date applying: _____

Staff Sponsor: _____

Name of Team/Club: _____

Proposed Schedule

Pick: Team will meet on every Wednesday 8:30-9:15 or club will meet_____

Beginning and ending dates this team/club will meet (is it a one-time event or all year long?)**:_____**

Where will this team/club meet? _____



Answer each question:

1. What is the purpose (goal) of this action team or club?

2. How will members of this team/club apply the 7 Habits leadership skills and principles?

3. Is there a parent or community member willing to support this team? If yes, please list name(s):

4. What equipment/materials are needed?

5. What are the financial needs/requirements of this action team/club?

6. How will this team/club impact our school and/or community?

As an action team leader (initial each box):

☐ I agree to follow the steps laid out in the Action Team/Club flow chart.

☐ I will be on time and attend every meeting.

☐ I will maintain passing grades by keeping up with my school work and homework.

☐ If I do not display leadership behaviors at school, I understand I risk losing my membership/participation.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Homeroom Teacher Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____

Required approvals:

Principal/Lighthouse Coordinator approval _____ Date _____

Student Lighthouse approval _____ Date _____

Copy send to sponsor by _____ Date _____