

**SONS of The American Legion**

**DETACHMENT OF GEORGIA**

**JUNIOR LEADERSHIP CAMP**

**STAFF APPLICATION AND CONSENT FORM**

The Detachment of Georgia Junior Leadership Program is always looking for individuals willing to assume the role as a “ Counselor” and devote a week of their time to the youth of Georgia. This position is the backbone of the Program and requires you to be responsible and accountable for your group of attendees – 24/7.

1. ***“For the Betterment of the Program”*** *may result in your duty position being changed.*
2. I understand that this Program can and will be physically demanding. There will be numerous stairs/steps and more than average amount of walking. There can be minimum lifting required in the fulfillment of your position.

If you would like to be considered for this position; complete this application and return via USPS to the address below ***NO LATER THAN April 1 2022*** ***Do NOT FAX or E-Mail!!***

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| **Brandon S Roberts** |
| **AMERICAN LEGION FAMILY AFFILIATION: Sons of The American Legion** |
| **EVER SERVED ON THE JUNIOR CAMP STAFF** **X YES**  **NO IF SO, HOW MANY YEARS: \_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_**  **SHIRT SIZE (circle appropriate): S M L XL XXL XXXL XXXXL**  **NOTE: Shirt Color and style for will not change – if you have the Blue Shirts, you are encouraged to bring them.** |

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| **HOME MAILING ADDRESS: 350 Cherokee St** |
| **CITY / STATE & ZIP CODE: Canton, GA 30114** |

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| **HOME PHONE** | **WORK PHONE** | **CELL PHONE** |
|  |  | 678-232-7488 |
| **E-MAIL ADDRESS:** [**brandon@salgeorgia.org**](mailto:brandon@salgeorgia.org) | | |

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| **SIGNATURE:** |

*Thank you for your interest in our program and the youth of our state*.

Return this original document (with original signature) to the below address,

**Clifford E Hall**

**P.O. Box 371**

**Lakeland, Georgia 31641**



**Sons of The American Legion**

Junior Leadership Camp

I (the undersigned) authorize The Sons of American Legion Detachment of Georgia. to have a background check run on me in conjunction with my selection as a Counselor with the Junior Leadership Camp Program.

**PLEASE PRINT – LEGIBLY *This document must be notarized and the original returned.***

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| **NAME (please print legibly):**  **Brandon Scott Roberts** | **DOB: MO/DY/YEAR**  **\_09/26/1995\_** |

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| **HOME ADDRESS:**  **350 Cherokee St**  **Canton, GA 30114** | **SOCIAL SECURITY NUMBER:**  **260-93-5876** |

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| **SIGNATURE:** |

**Document must be notarized and returned with original signature *No Later Than March 1, 2022*  to:**

**Clifford E Hall PO Box 371, Lakeland GA 31641**

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| **Notary Please Use This Section:** |