

# Official Petition Candidate for A.S.B./Class Officer

Candidate's Name: \_\_\_\_\_

Office That I would like to Petition for: \_\_\_\_\_

**\*\***(This does not mean you will get the above office, it is based on voting by rank)**\*\***

## Teacher Endorsements:

You are to get two RVHS teachers/staff to endorse your petition for the above stated office.

Teacher: \_\_\_\_\_ Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you taken Leadership class? YES NO (Circle one)

(You MUST enroll in this class for the entire year you are elected to position)

## Requirements/Duties:

- 1- Met required G.P.A. guidelines set forth by A.S.B. guidelines outlined in student handbook.
- 2- Currently enrolled in leadership class for the year elected. (A.S.B. officers will be REQUIRED to have a contact period with Mrs. Yochum for the WHOLE year)
- 3- Perform Specific Duties of Office (See back side for list of duties)
- 4- Attend at least ONE LASC meeting during the year.
- 5- Give a speech at an Assembly
- 6- Post 3 campaign Signs no larger than 4' x 4' in designated areas of commons and hallways
- 7- ALL speeches and campaign signs MUST be approved by A.S.B. Advisor

If elected to an office, I, \_\_\_\_\_, understand that I am making a commitment to my school and will be responsible for my actions. Failure to abide by A.S.B. guidelines and rules of conduct could cause me to be removed from above position. By signing below I understand the duties and responsibilities of becoming an officer within the A.S.B of River View High School that is outlined in the ASB Constitution.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

As the parent/guardian of \_\_\_\_\_, I understand the commitment that he/she is making to River View High School and will be a willing supporter of his/her activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

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To be completed by ASB Advisor:

Semester G.P.A.: \_\_\_\_\_

Overall G.P.A.: \_\_\_\_\_ Counselor's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

This petition is due to the A.S.B. Advisor by: Wednesday, September 30<sup>th</sup>  
(Petitions will NOT be accepted LATE)