

*Declaration of Candidacy for WJCL Office*

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Facebook? Yes [ ] No [ ]

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Latin Teacher: \_\_\_\_\_ Level of Latin: \_\_\_\_\_

Office you are seeking: \_\_\_\_\_

What credentials or experiences do you have that qualify you for this office?

Why would you like to be a WJCL Officer?

What is your favorite aspect of the WJCL?

By signing this form, you verify that all the information on this sheet is accurate, that you have read all parts of the WJCL constitution, and that, if elected, you understand all of your responsibilities and promise to perform all of these duties to the best of your ability.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_