

# The American Legion Michigan Boys State Future Staff Application

## Personal Information:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Cell Phone: ( ) - Home Phone: ( ) -

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ High School: \_\_\_\_\_

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

## Applicant Information:

Did you participate at Boys State? YES NO If YES what year? \_\_\_\_\_ Counselor: \_\_\_\_\_

For which year(s) would you like to be considered for staff? (Circle any/all) 2017 2018 2019

## Personal Declaration:

By signing this application I hereby declare to the best of my knowledge all of the information contained in this application is true and correct; I authorize Mike Stoll acting as an agent for The American Legion, Dept. of Michigan to conduct a routine background check using the information contained in this application.

Name (Print): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

## Counselor Comments:

For more information about becoming a counselor for future Boys State sessions,  
please contact Mike Stoll at [stollmi@gvsu.edu](mailto:stollmi@gvsu.edu).