



Little Sis Candidate Application Form

PLEASE COMPLETE THE FOLLOWING SECTION - PRINT ALL INFORMATION

CHAPTER _____

NAME: _____ NICKNAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____ DO YOU DRIVE? Y / N

HOME PHONE: _____ CELL PHONE: _____

EMAILADDRESS: _____

ARE YOU AFFILIATED WITH A BETHEL and/or ASSEMBLY? Y N

IFSO, WHICH BETHEL and/or ASSEMBLY: _____

WHAT SCHOOL DO YOU ATTEND?: _____ GRADE: _____

PLEASE LIST THE OFFICES YOU HAVE HELD IN RAINBOW OR JOB'S DAUGHTERS:

PLEASE WRITE A BRIEF ESSAY ON WHY YOU WOULD LIKE TO BE LITTLE SIS FOR THIS CHAPTER:

CHAPTER VISITATION SECTION

CHAPTER MTG/EVENT #1 _____ VERIFIED BY: _____
Advisory Council Member Signature and Date

CHAPTER MTG/EVENT #2 _____ VERIFIED BY: _____
Advisory Council Member Signature and Date

PARENTAL APPROVAL SECTION

We approve of our daughter seeking further service to DeMolay and pledge our support.

Parent or Guardian *(print and sign)* _____ Date

APPLICANT SECTION

I have answered the above questions to the best of my ability. I agree to cooperate with the Chapter, Division and Jurisdiction to improve the interest of The Order of DeMolay should I be elected to serve as Little Sis.

Applicant _____ Date

ADVISORY COUNCIL APPROVAL SECTION

I have verified that all of the requirements have been met.

Advisory Council Member *(print and sign)* _____ Date

Please submit the completed form to the Chairman of the Advisory Council.