



THE AMERICAN LEGION
BOYS STATE OF VIRGINIA, INC

COUNSELOR APPLICATION

Please return the completed application form to Chief Counselor:
Andy Babic
200 Holly Street
Jarratt, VA 23867

Last Name: _____ First: _____ MI: _____ DOB: _____

Address: _____ Home Phone: () _____

Work Phone: () _____

E-Mail: _____

Did you attend Boys State: _____ Boys Nation: _____ State: _____ Year: _____ Legion Post# _____

List Military, Educational and Professional Experience – Briefly: Occupation, Employer etc:

Volunteer Experience: What organizations (if any) do you belong to and what office have you held in those organizations? Include American Legion activities.

Briefly, why do you want to be a counselor in this program and what would you like to accomplish?

Please read Carefully! On the back of this form print the name and address of the person recommending you for American Legion Boys State. Please read the following, then sign and date and return to the address on the top of this form. All staff members of Boys State are expected to attend the full session of the program, except for an unexpected emergency etc.

I have read this statement and agree to abide by the rules and regulations of American Legion Boys State of Virginia. I further advise that there is nothing in my background that would/could be detrimental to the program of American Legion Boys State. **Further**, I understand that the information on this form is for the sole use of American Legion Boys State of Virginia, Inc. and will not be made available to any person or organization outside of American Legion Boys State.

Signature: _____ Date: _____

Upon receipt of this application, you will be notified by the Chief Counselor should the application be approved, and given the dates and uniform requirements of the next session of Boys State. Shirts are provided to all counselors however all other articles of clothing are the responsibility of the individual. Thank you for your interest in one of the finest programs of The American Legion!