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.