

TEAM SGI Application Form 2020-21



1. Please return applications by September 30<sup>th</sup>, 2020.
2. Only students from Registered Chapters are eligible.
3. Applications can be mailed or faxed to SADD Saskatchewan at 306-757-5569.
4. Answer may be completed on this form or on a separate piece of paper.
5. Please print neatly and use pen if possible.
6. If you have any questions, please call the Provincial Office at 306-757-5562 or email [sadd@sasktel.net](mailto:sadd@sasktel.net)

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

How long have you been involved in SADD? \_\_\_\_\_

Do you have a position on the Executive of your local chapter? YES NO

Have you been a Team SGI member before? If yes, when? \_\_\_\_\_

Are you available to attend the Provincial Conference on October 30<sup>th</sup> and 31<sup>st</sup>, 2020, in Regina? YES NO

What is your T-shirt size? \_\_\_\_\_

Do you have any dietary restrictions (gluten free, vegan, etc.)? If yes, please specify:

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\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions. You may use the space provided or a separate piece of paper.

1. Why do you want to be a part of Team SGI?

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2. What do you think are the three MOST important qualities of a good Team SGI member and why?

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3. What are three qualities a Team SGI member should AVOID and why?

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4. Think of a scary movie or show, what character would you be and why? If you can't think of anything, tell us your favourite part of Halloween and why?

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I have read the Team SGI responsibilities and believe I can contribute to the goals of SADD Saskatchewan in this capacity:

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Advisor Comments (optional):

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