



Officer Application

Date: _____

Office applied for _____

SCA/Mundane Name of Applicant _____

SCA membership number: _____

Address _____

Phone: _____

Email _____

Why do you want this office? _____

What are your plans for the office?

Please list the skills and experience that qualify you for this office (note: lack of experience will not necessarily disqualify you; officers frequently learn on the job.)

(Please continue on back of form if necessary.) If you are not selected for this position, are you willing to be a deputy? Y N
