

## JOLT Membership Agreement

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Choices:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I understand that in order to maintain my membership in JOLT I can have no more than three unexcused absences from regularly scheduled JOLT lunchtime meetings. I also understand that I must perform 10 service hours per trimester to maintain my JOLT membership and participate in the JOLT field trips.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I have read the requirements to be a JOLT member and understand what is required of my child to maintain their membership in the Junction Outstanding Leadership Team (JOLT).

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Due NO later than September 14th, 2016**