



DREAM TEAM

Daring to **R**ole model **E**xcellence as **A**thletic **M**entors

Piedmont DREAM Team Application

2018-2019

The DREAM Team stands for “Daring to Role model Excellence as Athletic Mentors.” The DREAM Team is committed to being 100% drug, alcohol, tobacco, and violence-free while upholding the high standards of moral excellence. Each member of the DREAM Team signs a contract binding them to this commitment. Below are requirements for being able to try out for the DREAM Team:

- 8th Grader at Piedmont IB Middle School
- 2.0 GPA
- A member of a Piedmont Sports Team or Recreational team
- Committed to being drug, alcohol, tobacco, and violence free
- Committed to upholding the high standards and morale values of excellence
- 2 teacher recommendation from 7th grade (if you are new to PIB, 2 recommendations outside of your immediately family)
- Letter of recommendation from a coach at PIB or outside of PIB
- Parent permission slip to tryout and participate
- Commitment contract signed
- No dismissal from a school team
- No suspensions (ISD, OSS, Referrals 8th grade)
- Follow CMS code of conduct
- Abide by CMS Athletic rules
- Complete typed DREAM Team application
- Panel interview consisting of PIB staff and coaches will take place from 7:30-8:30a.m. September 17th- 20th in Coach Ferreri’s classroom Room 115 (Cherry’s old room)

******* Completed applications are due to Coach Mary Ferreri, Office 115, by**

Friday, September 14th at 4:30

No Exceptions!!!*****

**Part I. Your information and Parent Signature that you have permission to try-out for the
Piedmont DREAM Team**

ID Number: _____

Name: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian's Names: _____

Sport(s), Clubs, Organizations or Activities you participate in at Piedmont and or outside of Piedmont:

Coach/Adviser/Instructor's Name: _____

Age _____ Birthdate _____

Your e-mail address: _____

Parent/Guardian Work: _____ Cell: _____

Homeroom Teacher: _____ Room Number: _____

Parent Permission: I give my child _____

Permission to try-out for the Piedmont DREAM Team 2018-2019

Parent Signature: _____ Date: _____

Part II. Questions: Type the following questions and your answers on a separate piece of paper.

1. Explain the strengths and talents that you could contribute to the DREAM Team
2. Why do you want to be on the DREAM Team?
3. What has compelled you to remain drug free?
4. Create a motto for DREAM Team. Write it below and give an explanation
5. List the sport you play and other extra-curricular activities you are involved in.
6. How would you reach out to Piedmont students with the message of DREAM Team? List ways, programs, etc.
7. Who was (is) the most influential person in your life? Explain
8. What does “Heart of a Champion” mean to you?
9. What does being a team player mean to you? How would you strive to be a valuable member of the team?
10. What does it mean to walk the talk?

Part III. Coach’s Letter of Recommendation

You are responsible for asking your current coach for a letter of recommendation. The letter should be addressed to Mrs. Ferreri and can be typed, hand written, or e-mailed to mary.farrell@cms.k12.nc.us this is in addition to the 2 teacher recommendations.

Part IV. Teacher Evaluation (2 copies for each DT Candidate)

Give 2 of your past teachers a recommendation form. Once you give this form to your teachers, it is their responsibility to complete it and return it to me – “Coach” Mrs. Ferreri’s Office 115 or sealed in my mailbox by **September 13th at 4:30p.m.**

Teacher Evaluation for 2018-2019 PIB DREAM Team

(Student athlete: write your name, the teacher’s name and room number, and subject on the form below before you give it to your individual teachers)

Student Athlete: _____

Teacher’s Name: _____

Room Number: _____

Subject: _____

Check if a double block class: _____

Teachers: This is a very important part of the application process for the Piedmont DREAM Team. Your opinion is valued greatly and most important for the selection of a new team. Please rate the student in the following areas..... 1-5 with 5 being the best. **DO NOT RETURN THIS TO THE STUDENT.** Please return it sealed or stapled to my mailbox or bring it by Office 115 by **Thursday, September 13th at 4:30 p.m.**

Thank you. - Mary Ferreri

____ Student’s Class Average (A to F scale)

____ Caring

____ Approachability

____ Cooperative

____ Independence

____ Social Skills

____ Work Ethic

____ Honest/Trustworthy

____ Class Behavior

____ Leadership

____ Character

____ Confidence

____ Dependability

____ Creativity

____ On a scale from 1-5, 5 being the best, how strongly do you recommend this student for DREAM Team?

Piedmont DREAM TEAM Commitment

2018-2019

I, _____, being of sound mind and body, do solemnly sign today, _____ (date), to remain drug, alcohol, tobacco, and violence free. I promise at all times to uphold the high standards and requirements of the Piedmont DREAM Team, all school rules and regulations of Piedmont Middle School, and Charlotte- Mecklenburg Schools. I promise not to cause conflict within the team but to work as a team player and I understand that violation of these requirements and high standards will result in the absolute dismissal from the team.

Student Athlete Signature: _____ Date: _____

Parent Signature: _____ Date: _____