## RECRUITER FORM

SCHOOL NAME:	CAMPUS:	
school, which activity includes the	bmit one form for each person who recessigning of the student enrollment agreement form(s) as part of the application	eement (contract). The
	Hospital School Staff Roster(s) (HPOSA with each recruiter addition or deletion.	
RECRUITER NAME:		
Beginning Date:		
QUALIFICATIONS: The Recrui	ter must answer each question below.	
1) I am thoroughly familiar with the	he school and its offerings.	Yes 🗌 No 🗍
· ·	tification which shall be available for ents, their parents or guardians, law fficials. and	Yes 🗌 No 🗍
3) I shall refrain from making exa statements and misrepresentation	ggerated statements and misleading ions of any kind and	Yes 🗌 No 🗍
4) I understand I am an agent of the	ne school I represent.	Yes 🗌 No 🗌

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I do swear or affirm that the statements made on this form best of my knowledge and belief.	are complete and correct to the	
Signature of Recruiter:	Date:	
It is the responsibility of the school to ensure that it hires an appursuant to Regulation 10a-22k-5(k)(3), to act as Recruiter for		
The School Director/Campus Director must acknowledge by signature the following:		
I understand that this recruiter is an agent of the school ar for the actions of this recruiter regarding recruitment activissued recruiter identification is attached.	_	
I do swear or affirm that the above statements made on the are complete and correct to the best of my knowledge and	•	
Signature:	Date:	
Name School/Program Director:		

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