



Institute for Community Leadership

APPLICATION FOR PARTICIPATION

2017-2018 (Class 14)

Applications must be submitted by July 10, 2017

NAME: _____ E-MAIL: _____

COMPLETE ADDRESS: _____

HOME PHONE: _____ WORK: _____ CELL: _____

HIGHEST EDUCATION LEVEL: _____

SEX: Male Female AGE: _____ OCCUPATION: _____

RACE: White Black American Indian Hispanic/Latino Asian Other

RESIDENCY INFORMATION: Cumberland County Registered Voter in Cumberland County

SHORT STATEMENT ON WHY YOU WISH TO PARTICIPATE IN THE ICL PROGRAM

(2-3 paragraphs with information such as: why you are applying, your background, organizations you are part of, and your interests.) *You may use the back of this form, or attach a letter instead of completing this section of the form:*

If accepted into the ICL Leadership Training Program, you agree to the release of your contact information to nonprofit and public organizations looking for board members and volunteers.

YOUR SIGNATURE: _____

PLEASE LIST TWO REFERENCES THE INSTITUTE MAY CONTACT:

Name: _____ Phone number or email: _____

Name: _____ Phone number or email: _____

HOW DID YOU HEAR ABOUT ICL? _____

For information: 910-437-1921 or sshutt@co.cumberland.nc.us or www.leadership4us.org

PLEASE RETURN THIS APPLICATION TO:

Ms. Sally Shutt, Executive Director, Institute for Community Leadership
PO Box 1829 Fayetteville, NC 28302-1829