

## **Emerging Leaders Application**

Date	Birthday	
Name		
First	Last	
Address		
Phone		E-mail
Employer		
Phone		E-mail
Type of business	or organization	
Preferred metho	d of contact: Cell	Email
		ou currently serve on or have served on (business, fessional, recreational, religious, social).
Organization	Role/Title	Dates of Service
Education/Train	ing/Certificates	



	would benefit from your	involvement with this group?	
Skills, experience and inte	erests (Please check all that	apply)	
Finance	Community service	Other:	
Accounting Personnel	Policy development Program evaluation	Other:	
Human resources	Education		
Administration	Special Events	Other:	
Management	Grant writing		
Nonprofit experience	Fundraising		
Public relations Communications	Outreach Advocacy		
Communications	Auvocacy		
Please list any groups, orgoehalf of the Children's Ad		s that you could serve as a liaison to	on
Please tell us anything els	se you'd like to share.		