



Equity Leaders Fellowship Application

First Name:		Last Name:	
Preferred Email:		Preferred Phone:	
Home Address:			
City:		State:	
		Zip:	
Tell us a little about yourself. Please describe how being a person of color has influenced your desire to become a community leader. <i>(Limit 500 words)</i>			
Describe your community and/or civic leadership experiences. What community organizations do/did you belong to? <i>(Limit 500 words)</i>			
Why are you interested in participating in this program and what do you hope to learn? <i>(Limit 300 words)</i>			

What do you think you will be able to contribute as an Equity Leaders Fellow? *(Limit 300 words)*

Board Interest: I'm interested in a Board or Committee which relates to:
(feel free to check more than one topic)

- Advocacy and policy Arts Behavior/Mental Health/substances misuse
 Children, Youth and Families Criminal/Juvenile Justice Education Elders/aging Issues
 Environment Health Anti-Poverty Economic Development

Many boards/committees meet during business hours. Please indicate your availability to attend meetings for each of the following timeframes.
 I am available to participate on a board during the:
 Weekday Mornings Weekdays 9am-5pm Weekday Evenings Weekends

I have a specific Board or Committee in mind *(Please identify)*:

Employment:

Would your employer give you paid time off on meeting days or allow you to miss days off work to be at the ELF session? No Yes
If yes, please have your employer complete the ELF Employer Support Form

Getting time off from work will be a barrier to participation.
 We can perhaps accommodate different schedules in our next cohort. Please indicate what would work well for you.
 Weekdays: Morning Afternoon Evening
 Weekends: Morning Afternoon Evening

Current Employer:

Address:

Title:

Please share how you heard about the Equity Leaders Fellowship Program.

References: Please provide names and contact information for two individuals who can support your application to the Equity Leaders Fellowship and in what capacity you know these people.

Name

Email & Phone

Name

Email & Phone

Please complete the following information recognizing that there are limitations to the current data standards:

1. Are you Hispanic, Latino/a, or Spanish Origin? *(One or more categories may be selected)*

- a. ___ No, not of Hispanic, Latino/a, or Spanish origin
- b. ___ Yes, Mexican, Mexican American, Chicano/a
- c. ___ Yes, Puerto Rican
- d. ___ Yes, Cuban
- e. ___ Yes, Another Hispanic, Latino/a or Spanish origin

2. What is your race? *(One or more categories may be selected)*

- a. ___ White
- b. ___ Black or African American
- c. ___ American Indian or Alaska Native

- d. ___ Asian Indian
- e. ___ Chinese
- f. ___ Filipino
- g. ___ Japanese
- h. ___ Korean
- i. ___ Vietnamese
- j. ___ Other Asian

- k. ___ Native Hawaiian
- l. ___ Guamanian or Chamorro
- m. ___ Samoan
- n. ___ Other Pacific Islander

3. Describe your cultural identity / granular ethnicity / country of origin:

Please confirm the following and then sign below:

I am interested in participating in the Equity Leaders Fellowship and if accepted, understand I am committing to as much as 10-12 hours per month time commitment

Agree / Yes

<p>I commit to attend at least 80% of the Learning Sessions which include:</p> <ul style="list-style-type: none"> • Participating fully • Preparing between Learning Sessions possibly including reading, videos, and reflective writing opportunities • Providing evaluation feedback to help improve the program 	<input type="checkbox"/> Agree / Yes
<p>Commit to participating fully in the connection with my assigned mentor</p>	<input type="checkbox"/> Agree / Yes
<p>Commit to participating fully in the board exposure experience with my assigned board champion</p>	<input type="checkbox"/> Agree / Yes
<p>My signature below confirms my interest in participating in the Equity Leaders Fellowship and confirms my ability to commit as much as 10-12 hours per month. <i>(You may type your name instead of signing if submitting electronically from a personal email account)</i></p> <p>Signature: _____ Date: _____</p>	

Please return this form, a copy of your resume, and your employer support form (if applicable) via email to Jason Bonilla at jbonilla@equityleadersfellowshipnh.org.

Questions can be directed to the Equity Leaders Fellowship Program Director:
jbonilla@equityleadersfellowshipnh.org