** 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. *(Limit 500 words)* | | | | | | | |
|  | | | | | | | |
| Describe your community and/or civic leadership experiences. What community organizations do/did you belong to? *(Limit 500 words)* | | | | | | | |
|  | | | | | | | |
| Why are you interested in participating in this program and what do you hope to learn? *(Limit 300 words)* | | | | | | | |
|  | | | | | | | |
| 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 ☐Weekday 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 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 12-15 hours per month time commitment** | ☐ Agree / Yes |
| **I commit to attend at least 80% of the Learning Sessions which include:**   * Participating fully * Preparing homework as assigned possibly including reading, videos, and reflective writing assignments between Learning Sessions * Providing evaluation feedback to help improve the program | ☐ Agree / Yes |
| **Commit to participating fully in the connection with my assigned mentor** | ☐ Agree / Yes |
| **Commit to participating fully in the board exposure experience with my assigned board champion** | ☐ Agree / Yes |

|  |
| --- |
| **My signature below confirms my interest in participating in the Equity Leaders Fellowship and confirms my ability to commit as much as 12-15 hours per month.**  *(You may type your name instead of signing if submitting electronically from a personal email account)*  **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Please return this form, a copy of your resume, and your employer support form (if applicable) via email by August 17, 2020 to**

[**equityleadersfellowshipnh@gmail.com**](mailto:equityleadersfellowshipnh@gmail.com).

**Questions can be directed to the Equity Leaders Fellowship Program Coordinator:**

Equity Leaders Fellowship

[equityleadersfellowshipnh@gmail.com](mailto:equityleadersfellowshipnh@gmail.com)

603-244-7359