** Equity Leaders Fellowship Application**

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| 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)* |
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| Describe your community and/or civic leadership experiences. What community organizations do/did you belong to? *(Limit 500 words)* |
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| Why are you interested in participating in this program and what do you hope to learn? *(Limit 300 words)* |
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| What do you think you will be able to contribute as an Equity Leaders Fellow? *(Limit 300 words)* |
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| **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 |  |
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| ***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 |

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| **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**.

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

Equity Leaders Fellowship

equityleadersfellowshipnh@gmail.com

603-244-7359