



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

**Please return this form, a copy of your resume, and your employer support form (if applicable) via email by 11:59pm on August 15, 2022 to [equityleadersfellowshipnh@gmail.com](mailto:equityleadersfellowshipnh@gmail.com)**

**Questions can be directed to the Equity Leaders Fellowship Program:**  
[equityleadersfellowshipnh@gmail.com](mailto:equityleadersfellowshipnh@gmail.com)  
603-244-7359