

**LEADERSHIP: CAPE COD 2010 PROGRAM APPLICATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Home Email: \_\_\_\_\_

Business/Organization Sponsor: \_\_\_\_\_

Years working/living on the Cape: \_\_\_\_\_

Business Title: \_\_\_\_\_

Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Fax: \_\_\_\_\_

Business Email: \_\_\_\_\_

Education: Please include trade schools and other specialized training and/or education.

\_\_\_\_\_  
\_\_\_\_\_

Professional/Personal Achievements: What do you consider your highest responsibility, skill or career achievement?

\_\_\_\_\_  
\_\_\_\_\_

Volunteer Service: What community service activities are you actively participating in?

\_\_\_\_\_  
\_\_\_\_\_

Do you expect to expand or redirect your volunteer activity upon completion of this course? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

If you had the opportunity, in what community service activities would you like to be involved?

\_\_\_\_\_  
\_\_\_\_\_

Expectations: Please be specific as to why you are interested in this program.

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Are you available to attend every session (schedule on website)? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_