

LEADERSHIP: CAPE COD 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: _____