

# 2017 Combining Our Strength™ Community Leadership Program Kamloops

Instructions on how to save the application form:

1. Fill out form and scan or take pictures of each page.
2. Save the file with your name e.g. "Jane Smith Expression of Interest".
3. Email this saved document to [jacquelynn@theminervafoundation.com](mailto:jacquelynn@theminervafoundation.com) or fax to 604-683-7695

At your earliest convenience.

NAME:		
(Given)	(Middle)	(Surname)
CITY/TOWN:	E-MAIL:	
TELEPHONE:		
INDIGENOUS ANCESTRY & NATION/BAND (IF APPLICABLE):		
<input type="checkbox"/> First Nation: _____		
<input type="checkbox"/> Métis: _____		
<input type="checkbox"/> Inuit: _____		
Are you able to fully participate in the entire Community Leadership Program – Dates below (Part 1 April 20 <sup>th</sup> -23 <sup>rd</sup> ) & (Part 2 May 11 <sup>th</sup> -14 <sup>th</sup> )?      YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you foresee any barriers that may keep you from fully participating in the program?		
YES <input type="checkbox"/> NO <input type="checkbox"/> Please		
specify: _____		

The Community Leadership Program is a project based program. Are you comfortable to work on a project for your community either alone, or in a group?

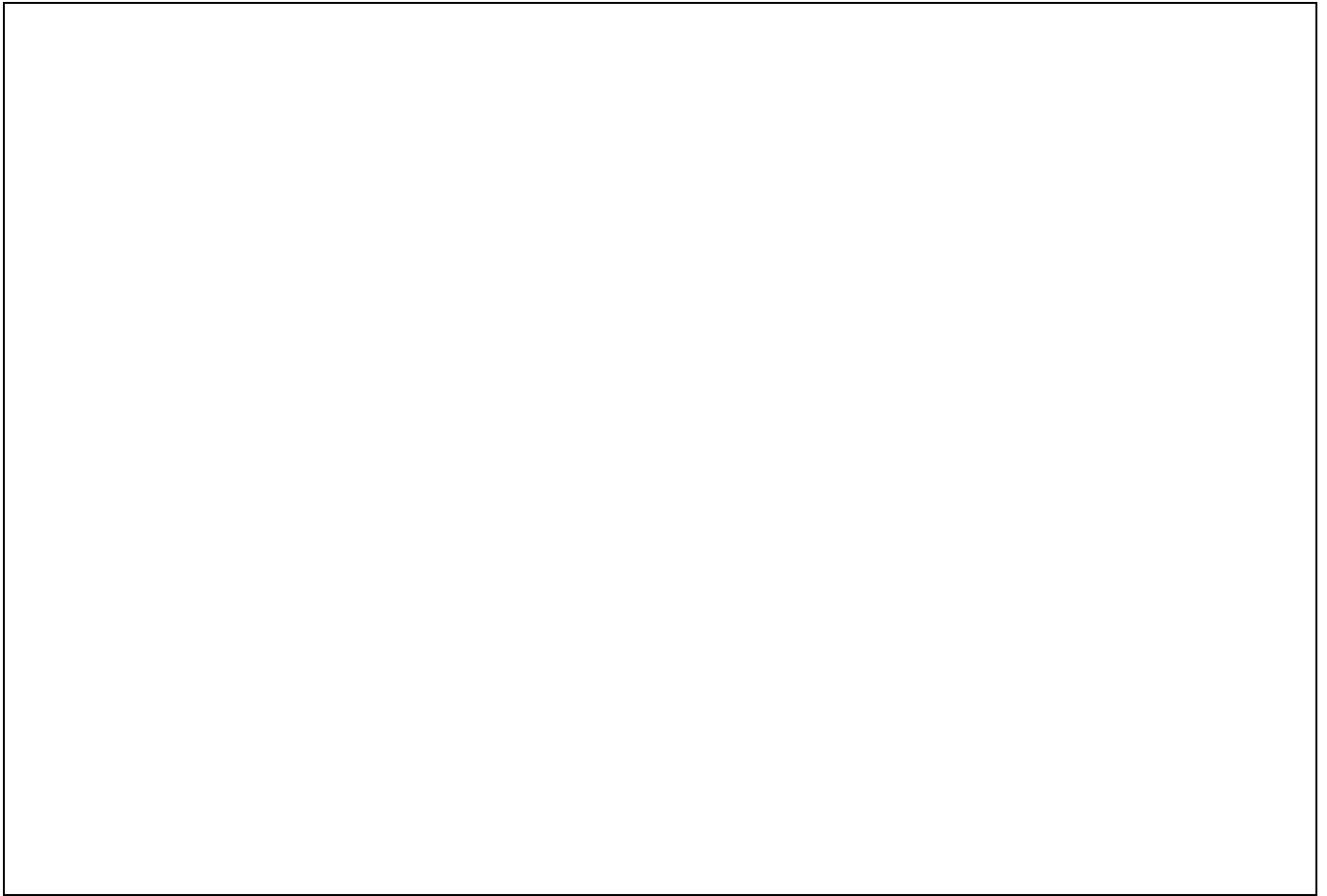
YES  NO

BRIEFLY TELL US ABOUT YOUR EDUCATION HISTORY (this might include academic, cultural and family teachings):

WHAT TYPES OF JOBS HAVE YOU HAD IN THE PAST or HAVE CURRENTLY? ARE THERE INFORMAL ROLES THAT YOU PLAY IN YOUR COMMUNITY, FAMILY or ELSEWHERE?:

WHAT ARE YOUR LEADERSHIP GOALS?:

THINK OF YOURSELF IN 5 YEARS. SHARE YOUR STORY OF WHO YOU ARE AND WHAT YOU ARE MOST EXCITED AND PROUD ABOUT, 5 YEARS FROM NOW.



PLEASE SHARE WITH US A LITTLE BIT MORE ABOUT YOURSELF AND WHY YOU WOULD LIKE TO BE A CATALYST OF CHANGE IN YOUR COMMUNITY:

DO YOU HAVE A STORY OR SAYING THAT HELPS GUIDE YOU ALONG YOUR CHOSEN PATH?

HOW DID YOU HEAR ABOUT MINERVA?: