

2017 Combining Our Strength™ Community Leadership Program Prince Rupert

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 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 October 19 th -22 nd) & (Part 2 November 2 nd -5 th)? 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?

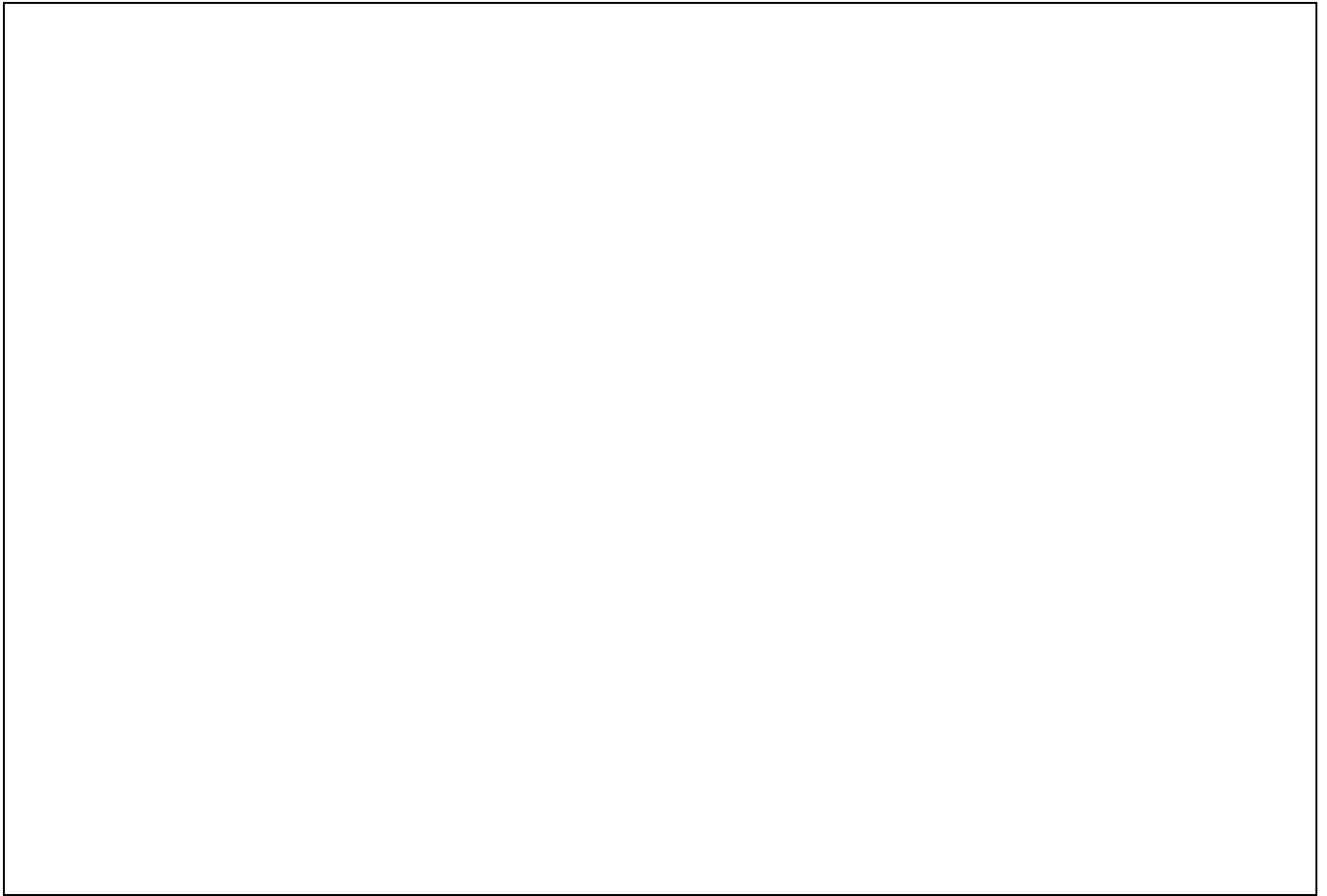
YES NO

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?: