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**Leader Participant Application Form 2018-2019**

Please take the time to read all questions and put together thoughtful answers. As program space is limited, not all applicants may be invited for an interview. Applications will be accepted until spaces are filled. We encourage applicants to apply early. Completed application packages can be sent to:

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|  | **Leadership Richmond – Youth Now Program** Richmond Cares, Richmond Gives#190-7000 Minoru Boulevard, Richmond, BC V6Y 3Z5  | **Phone**604-279-7020**Email**info@rcrg.org |

**Personal Information**(Please Print)

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| --- |
| Full Name: (First & Last) |
| Full Address including Postal Code: |
| Mobile Phone: | Email: |
| How did you hear about Leadership Richmond? |

|  |  |
| --- | --- |
| **Do you live, work, volunteer or study in Richmond?** | 🞏 Yes 🞏 No |
| **As of September 2018, will you have graduated high school and under the age of 26?****Please choose your age group:** 🞏 **Age 19-24** 🞏 **Age 25-29** | 🞏 Yes 🞏 No |
| **Are you ready to lead now?** | 🞏 Yes 🞏 No |

**References**

Please include the contact information for three references, such as teachers, mentors, community volunteers, or employers who can speak about your leadership qualities and/or community involvement.
*\*Please no friends or family*

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| --- |
| Reference #1 Name: |
| Daytime Phone: | Email: |
| How do you know this person? |
| Reference #2 Name: |
| Daytime Phone: | Email: |
| How do you know this person? |
| References #3 Name: |
| Daytime Phone: | Email: |
| How do you know this person? |

**Biography – Tell us about yourself:**

**Education & Training:**

**Community Service Experience:**

**Leadership Experience:**

**Leadership Perspective**

**What leadership skills do you want to learn or strengthen through Leadership Richmond?**

**What kind of organization would you like to become involved with? Why?**

**Why are you personally motivated to become a community leader?**

**How will you invest the leadership skills you build through this program back into the Richmond community?**

**\*PLEASE ATTACH A COPY OF YOUR RESUME TO THIS APPLICATION\***

**Personal Commitment**

If selected, I will commit the time (as detailed on the attached program outline) and resources necessary to complete the Leadership Richmond program. I understand that to graduate from the program, I will be required to attend the Leadership Richmond curriculum (including all events, conferences, board meetings, and individual meetings) and to be an active board member.

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

**Privacy Statement**

Richmond Cares, Richmond Gives respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. For our complete Privacy Practice Statement please refer to our website [www.rcrg.](http://www.rcrg.)org.