

# Leadership Richmond



## Participant Application Form 2011/2012

**Register early – Space Limited!**

**Please complete this application package and send to:**

**Volunteer Richmond Information Services**

**Leadership Richmond**

**#190-7000 Minoru Boulevard  
Richmond, BC V6Y 3Z5**

**or Fax to 604-279-7038**

### **Privacy Statement**

Volunteer Richmond Information Services (VRIS) respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy. We do not rent, sell, or trade contact information. We use your information to keep you up to date on the activities of VRIS and its specific programs. If at any time you wish to be removed from any of our mailings, please advise us at 604-279-7020 or email [info@volunteerrichmond.ca](mailto:info@volunteerrichmond.ca) and we will process your request within 7 business days.

### **Personal Information**

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

- Do You Live, Work, Volunteer or Study in Richmond? (circle one)    YES    NO
- As of Sept. 1, 2011 will have graduated high school & under 26?    YES    NO
- Are you ready to Lead Now?    YES    NO

### **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 at least 80% of the Leadership Richmond curriculum (including the Leadership Institute, Conferences, Issues Workshops, Reflection Sessions and Graduation) and to be an active board member.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## References

Please include the contact information of 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).

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

Daytime Phone: \_\_\_\_\_

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

How do you know this person? \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

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

How do you know this person? \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

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

How do you know this person? \_\_\_\_\_

## **PART I: Biography – Tell us about yourself!**

**Education and Training:**

**Community Service Experience:**

**Leadership Experience:**

