

Program Application – please print

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Home Address: _____
Street Address Home Phone

City State ZIP Code

Mobile Phone: _____ Personal E-mail: _____
Business Phone: _____ Business E-mail: _____
(note: communication will primarily be via email)

Employer Info: _____
Company Name Sponsor's Name Sponsor's Title

Employer Address: _____
Street Address

City State ZIP Code

Something interesting about yourself:

Personal Data

Please select the appropriate items:

Age Range:

Under 25 25-30 31-40 41-50 51-60 60+

Ethnicity:

African American Asian/Pacific Islander Caucasian Hispanic/Latino Other

Gender:

Male Female

Do you have any special physical needs for which you are requesting accommodation? If yes, please describe:

Community Placement Requirement

One major goal for the Blueprint for Leadership program is to have participants volunteer their time and talent to committees, community groups or not-for-profit organizations following graduation.

Have you served on a nonprofit board or committee? _____ (Yes/No)

If Yes, please continue below. If not, skip to the next section.

Organization Name: _____ Describe Role: _____
Dates From/To: _____ Contact Name: _____
Contact Phone: _____ Contact Email: _____

Volunteer Interest

If I could volunteer time for one cause it would be:

If unsure, to help narrow down your interest areas, select any of the following categories in which you would like to serve after you complete the program.

Infants / Preschoolers (0-4) Children (5-12) Adolescent (13-17) Nursing Homes
 Young Adults (18-25) Older Adults (55+) Families / Parents Disabled / Ill
 ~~T~~ ~~ate~~ ~~^~~ ~~~~~~~~~ Low Income/Poverty Homeless Minorities
 Y [{ ^ } Men Students _____

The following categories best describe my interests:

Abused / Battered Arts/Culture Disabled / Ill Disaster Victims
 Homeless Law Offenders Literacy Poverty
 Recreation Rural Sexual Assault Substance Abuse
 Teen Pregnancy Transportation Technology Urban

Expectations

Please explain briefly what you hope to gain from the Blueprint for Leadership program.

Tuition and Billing Information

Tuition Rate: \$600.00

Please make check payable to and mail to: United Way of Berks County
P.O. Box 702 Reading, PA 19603-0702 Attn: Mary Jimenez
OR you may email the application to maryj@uwberks.org

Please select the appropriate item:

I am an employer-sponsored applicant. My check is attached.

I am an individual applicant sponsored by an organization other than my employer.
My check is attached.

Party responsible for tuition payment:

Name: _____ Address: _____

Title: _____

Phone: _____ Email: _____

Applicant/Employer/Sponsor Work Release & Support

By signing below, I and my employer, sponsor, or supervisor fully support my participation in the Blueprint for Leadership program including release from work to attend sessions, meetings or events related to the program in whole or in part, without penalty. I, my employer, sponsor or supervisor agrees to meet all program expectations and requirements associated with participation including but not limited to: weekly class sessions, Board/Committee observation and to fulfill all requirements associated with the terms of my placement with a voluntary community position for a minimum of one year as required after program completion.

Upon acceptance into the program, Blueprint for Leadership reserves the right to dismiss any person who fails to comply with participation guidelines or who fails to meet program requirements or expectations in or out of the classroom. Any person dismissed from the program, or their sponsor, will not be eligible for a tuition refund of any kind.

Applicant's Name _____

Applicant's Signature

Date

Supervisor's Name *(if sponsored by employer)* _____

Supervisor's Signature

Date