

Alabama Organizing Project
Grassroots Leadership Development Program

Recruitment Application 2009

(Deadline: December 31, 2008)

Name: _____

Address (where you wish to receive mail): _____

City, State & Zip: _____

Phone: _____

Email: _____

Fax: _____

Age Range: (please circle one) 18-25 26-35 36 & over

How do you want AOP to contact you?(please circle one) Email Snail Mail

Recommending AOP Organization? (please circle one) If none, how did you hear about the program? _____

AL Coalition Against Hunger Alabama Arise Federation of Child Care Centers of AL

Federation of Southern Cooperatives Greater Birmingham Ministries

Do you need a scholarship to participate in this program? No _____ Full _____ Partial _____

If partial, how much will you invest? _____
(All applicants accepted into the program are asked to pay a \$25 registration fee)

Please tell us about yourself.

Why do you want to be a part of the AOP GLD program?

What topics or issues would you like to know more about?

Describe an activity (community, school, church, etc.) that you helped organize. What was your role?

What are your strengths and weaknesses?

What would you like to receive from this training?

Do you want to be a leader in your community? Yes No

Why?

What is your definition of a leader?

What are your community-related issues and concerns? _____

How do you plan to use the information and training received from this program?

What type of assistance will you receive from your present employer or recommending organization to ensure your ability to complete the entire 18 month program?

What type of accommodations, if any, would you need to participate in this program?

Childcare _____

Dietary _____

Transportation _____

Mileage reimbursement _____

Physical _____

Other (please list): _____
