



**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

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

**Current Work History**

Current Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Position: \_\_\_\_\_ Program: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisors Title: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisors Phone: \_\_\_\_\_

**Licenses and Certifications**

*Please list any relevant licenses and certifications.*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

## Applicant Questions

*Thoroughly answer each of the following questions on a separate Word document.*

1. Why are you interested in being part of the Leadership Academy?
2. What are your professional goals for the Leadership Academy? What do you hope to get out of it?
3. What do you consider to be your area of expertise? Are you willing to assist the program after successful completion of the Leadership Academy, whether as an alumni training facilitator or program mentor?
4. How would you define your leadership style? What traits, qualities and styles do you admire in a leader?
5. Describe a problem you have solved or a problem you would like to solve in homeless services. Explain its significance to you and what steps you took or could be taken to identify a solution.

## Application Submission Checklist

- Completed Application (Incomplete applications will not be processed)
- Attached Word document with answered application questions
- Attached letter of support from agency leadership for your participation in the Leadership Academy
- Submitted application to Shannon Barnes at shannon@ahomewithhope.org with the subject "Leadership Academy for Homeless Services Application"

*Note: Applicants must be available for Leadership Academy orientation on July 5, 2024 from 1:00pm - 2:00pm and all cohort meetings between July 12, 2024 - September 13, 2024 from 1:00pm-2:30pm.*

## Disclaimer and Signature

By submitting this application, I, the undersigned, verify that this application is complete, and to the best of my knowledge, all information provided is factual and true. I understand that failure to provide the requested information and required documentation could likely lead to delays in the processing of this application. I further understand that I am responsible for completing all course work and expected to attend all scheduled trainings and cohort meetings held unless my absence was previously discussed with the cohort instructor.

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