

**AFRICAN-AMERICAN LEADERSHIP INSTITUTE**

**APPLICATION**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Home Telephone: \_( ) \_\_\_\_\_ Home Fax #:\_( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Position/Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Work Telephone: \_\_\_( ) \_\_\_\_\_ Work Fax #:\_( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Length of time with employer: \_\_\_\_\_

Length of residency in Denver area: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
(Mo) (Date) (Yr)

Education: (Check highest level attained):

High School Grad \_\_\_\_\_ Some College \_\_\_\_\_ College Grad \_\_\_\_\_ Post Grad \_\_\_\_\_

I am interested in volunteering with the \_\_\_\_\_ adult program \_\_\_\_\_ youth program



4. Please list the names, addresses and telephone number of your two references and attach their letters to this form if they are available to you, otherwise they may be mailed separately.

5. How did you hear about THE AFRICAN AMERICAN LEADERSHIP INSTITUTE?

I hereby apply for the African American Leadership Institute. If selected, I agree to attend all sessions of the program, and to participate fully in all activities.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return application to:

THE AFRICAN -AMERICAN  
LEADERSHIP INSTITUTE  
Linda J. Williams, M.A., LPC, RPT, President  
700 E. 24<sup>th</sup> Ave., #8  
Denver, CO 80205

(303) 299-9055  
(303) 299-9064 (Fax)

Application Deadline: January 2, 2004  
Due Date for letters of reference: January 2, 2004

Dates of Program: January 16, 2004 - July, 2004 (meeting once a month)

