



Families that Lead **Participant Application**

Applicant Name: _____

Gender: Female Male Birth Date: ___/___/___

Home Address: _____ Phone (Home): _____

City: _____ Zip: _____ E-mail: _____

Phone (Work): _____ Fax: _____

1. What neighborhood/community do you live in? _____

2. How long have you lived in your present community? _____ years

3. Will you need childcare during the classes? Yes No

4. Do you have any life circumstances that may prevent you from attending all of the sessions and/or completing all of the assignments of this program? Please describe in detail below.

Biographical Sketch

Personal Information

Spouse/Partner Name: _____

Children (names and ages): What school(s) do they attend?

Your Favorite Activity/Hobbies: _____

Education

High School Attended: _____

Military Experience: _____

College Attended: _____

Certification/Special Skills: _____

Describe your best learning experience and what made it a good experience:

What is one of your major long-term goals? _____

Employment Information

What was the best job you have ever had? Why? _____

Currently Employed: Yes No

Position: _____ Years in current position: _____

Retired: Yes No

Volunteer Activity

Please list your current or past *volunteer* involvement (*not employment*) in your neighborhood or community. For example, describe your involvement in things such as a block club, PTA, precinct committee, sorority or fraternity, food drive, school board, board of trustees of a non-profit organization, etc. Describe your role and any position you held in each organization or activity, and include the dates of your involvement. (You may list more on a separate sheet.)

Organization: _____

Position (if any) _____ Dates: _____

Your involvement/role: _____

Hours per week: _____

Organization: _____

Position (if any) _____ Dates: _____

Your involvement/role: _____

Hours per week: _____

As a volunteer, would you like to spend: more time less time spend time differently.



Cleveland Parent Support Network **Membership Application**

Cleveland Parent Support Network brings together parents, guardians and family support professionals for learning opportunities, support and exploration of critical family issues. Members are prepared to learn, to lead and to serve families, and to become more effective advocates for the youth in their life.

Name: _____ Date of birth: _____

Home Address: _____ Phone (Cell): _____

City _____ Zip _____ Phone (Home): _____

Employer _____ E-mail: _____

How many children do you have? _____ What are their ages (check all that apply): 0-5 6-9 10-13 14-17

Annual Membership Level:

- From the Heart Level-** \$5.00 and five hours of voluntary service
- Scarlet Level-**Membership & support for enrichment workshops, \$15 and five hours of voluntary service
- Crimson Level-** Membership & support for Families that Lead, \$25 and five hours of voluntary service

I give Neighborhood Leadership Institute permission to make pictures and videos of my family and myself to use for informational purposes and/or promotion of CPSN program offerings.

Signature: _____ Date: _____

I'd like to learn more about:

- | | | |
|---|---|--|
| <input type="checkbox"/> Schools/education | <input type="checkbox"/> Parenting/Child Development | <input type="checkbox"/> Support groups |
| <input type="checkbox"/> Stress/Anger management | <input type="checkbox"/> Drug Prevention/Intervention | <input type="checkbox"/> Job Networking/Training |
| <input type="checkbox"/> Budget/Finances | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Grief & Loss |
| <input type="checkbox"/> Health Issues | <input type="checkbox"/> Youth Programs/Events | <input type="checkbox"/> Fatherhood Issues |
| <input type="checkbox"/> GED/Adult Learning | <input type="checkbox"/> Child Discipline | <input type="checkbox"/> Single Parenting |
| <input type="checkbox"/> Leadership Opportunities | <input type="checkbox"/> Community Resources | <input type="checkbox"/> _____ |

1. What are some of your personal interests or hobbies?

2. What skills or gifts do you have that you could contribute to the network?

3. What volunteer work are you or have you been involved with?
