

GINJ Leadership Institute

Winter 2009 Application

DEADLINE FOR SUBMISSION IS December 8, 2008

Required fields are marked with a *

CONTACT INFORMATION

* Name: _____

* Address: _____

* City: _____ * State _____ Zip Code: _____

* Home Phone _____ Home Fax: _____

*Cell _____

Business Phone: _____ Business Fax: _____

Business E-mail: _____ Home E-mail: _____

DEMOGRAPHICS

Completion of this section is helpful to ensure diverse representation.
Please check appropriate selections.

*Place of Birth: _____ *Sex: Male ___ Female ___

*Ethnic: African American ___ Hispanic ___ Native American ___
Caucasian ___ Asian ___ Other: _____

*Age range: 18-23 ___ 24-35 ___ 36-49 ___ 50-65 ___ 66+ ___

Do you require special assistance in any area? If so, please let us know what we need to assist you with:

EDUCATIONAL BACKGROUND

Please check answers where appropriate.

Check what applies: ___ GED ___ High School Grad ___ Some College
___ College Grad ___ Other:

Do you have a mentor? ___ Yes ___ No Have you ever had a mentor? ___ Yes ___ No

COMMUNITY/VOLUNTEER WORK

List Community / Volunteer Work in order of importance to you:

1)

Name of Organization: _____ City_____ State__

Years Involved: _____

Your Involvement:

2)

Name of Organization: _____ City_____ State__

Years Involved: _____

Your Involvement:

Briefly describe you two major contributions or achievements in your community / volunteer work:

Describe any barriers that have kept you from becoming active in your community:

Have you ever held a leadership position in your neighborhood, church, community, or other organization? Yes ___ No ___

If yes, have you held an elected position, or ran for office? Yes ___ No ___

If yes, indicate the position and outcome of the election:

Local/Ethnic Newspaper Information: (not the Star Ledger)

Newspaper Name:

Editor's name, email address, phone number

Address:

CURRENT AND PREVIOUS EMPLOYMENT

Current employers name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Your title: _____

How long have you worked there? _____

What significant contribution/achievement have you made in your current employment?

Previous employers name: _____

Address: _____

City: _____ State _____ Zip Code _____

Title: _____

How long did you work there? _____

What significant contribution/achievement have you made in your previous employment?

Chosen participants are expected to remain active in their local neighborhood, civic, and/or community organizations/activities. Will you be able to begin and / or continue in this community building effort? ___Yes ___No

Please elaborate how:

If chosen, I commit to attend all of the six all day Saturday institutes. Yes ___ No ___
If yes, please sign and date below:

Signature

Date

RETURN NO LATER THAN December 8, 2008 TO:

Governing Institute of NJ
Attn: Executive Director
24 Grant Street, Newark, NJ 07104
973-715-0734 fax 973-746-3026

Leaders@ginj.org www.ginj.org