



CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC.

Application for Enrollment
COMMUNITY LEADERSHIP COURSE

First Name: _____ Last Name: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home phone: _____ - _____ Fax: _____ - _____

Employer _____

Address _____

City: _____ State: _____ Zip: _____

Work #: _____ - _____ Fax: _____ - _____

Cell: _____ - _____ E-mail: _____

Please **circle** the mailing and e-mail addresses at which you prefer to receive your mail.

How did you hear about the Course?

EDUCATIONAL BACKGROUND

EMPLOYMENT

Please give your title and a brief description of your responsibilities.

Current

Past

VOLUNTEER ACTIVITIES

Please describe briefly and indicate length of involvement

Current

Past

BOARD & PROFESSIONAL MEMBERSHIPS

Current

Past

Please tell us why you are interested in taking the Course.

Signature: _____ Date: _____