



United Way of Coastal Georgia, Inc.

Date: _____

Application Deadline: July 30, 2021

COMMUNITY LEADERSHIP COUNCIL (CLC) APPLICATION

APPLICANT INFORMATION

Name (First and Last):

Date of birth:

Profession:

Employer:

***Please be sure to submit a headshot along with your application**

CONTACT INFORMATION

Preferred Mailing address:

City, State, & Zip:

Primary Email:

Secondary Email:

Primary Phone:

Mobile Phone (if different):

CLC CLASS INFORMATION

Which class year are you applying for? **2021**

Do you live in Glynn County (check one)? YES NO If not, please specify county of residence:

Do you work in Glynn County (check one)? YES NO If not, please specify county of employment:

APPLICATION QUESTIONS

All questions are required. Unanswered questions will constitute an incomplete application. Attach additional sheets if necessary.

How did you hear about CLC?

Briefly describe current and/or past volunteer experience:

Why are you interested in the Community Leadership Council training program? How will it enhance your community service goals?

SIGNATURE

By signing below you confirm your intention to apply for the CLC class listed above. You also verify all of the above information is accurate as of the date of this application. Should any information change, you will notify CLC of the changes as soon as possible.

Signature of applicant: