



2023 Program Application

Identifying Information

Full Name:	
Preferred Name:	
Mailing Address:	
Phone:	
Email:	

School Experience

High School (and Year Graduated):	
College (and Year Graduated):	

Current Employment:

Current Employer:	
Years of Employment:	
Immediate Past Employer (if any):	
Years of Employment	

Volunteer Experience

(list organizations and length of service)

Knowledge of the Issues

(please answer the following questions in a separate document)

1. What do you see as the top 5 issues facing the Central Valley’s Latino population at this time? And what level of knowledge—no knowledge, general understanding, subject matter expert—do you have regarding each issue?
2. What specific leadership and communication skills do you want to learn or build upon in this program to increase your ability to make an impact in your local Central Valley community?
3. What do you expect to learn in the program and how will you know that you have accomplished your goal?
4. What expectations do you have for yourself, the other cohort members and the program staff during your participation in the Latino Leadership Initiative?

Program Session Considerations

Are you a vegetarian? Yes No

Please list any other dietary restrictions: _____

Do you prefer: Coffee Tea Neither

Do you have any other special needs related to lodging, meals, transportation, or meeting spaces? Yes No (if so, please identify: _____)

Statement of Acknowledgement

To the best of my knowledge the information in this application is true and correct. I authorize any individuals or organizations I have listed in this application to provide City Ministry Network (CMN) any information they may have regarding my character and level of commitment for participating in the training program. I release all such references, individuals, and organizations from liability for any damage that may result from providing such information to CMN.

I understand that by signing this agreement, I authorize the Latino Leadership Initiative to use my photographic, motion picture, and electronic (video) images captured during the course of the training in all media products and waive the right to receive payment for the use of the mentioned images. I agree to pay the non-refundable tuition fee of \$300 before the date of the last workshop in August 2023.

By signing this application, I hereby agree to adhere to the norms and expectations of the Latino Leadership Initiative, and commit to successful completion of the 8-month program. The information I have provided in this application will be kept confidential and will be disclosed only to the Latino Leadership Initiative Executive Committee and City Ministry Network staff members involved in the applicant selection.

Applicant Signature: _____ Date: _____

To complete this application, you need to send your name and email address to john@cityministrynetwork.org to initiate a background check.

Application Requirements

1. Completed application
2. Application Fee (made payable to Latino Leadership Initiative)
3. Signed Recommendation Letter

Please return these items by 5:00 p.m. on Friday, November 18, 2022, to:

John Torres | City Ministry Network | P.O. Box 4983 | Modesto, CA 95350

Email: john@cityministrynetwork.org