

## **Emerging Leaders Council (ELC) Application**

Please note that all volunteer opportunities require completion of this application and a signed Conflict of Interest and Ethics Statement. Volunteers are also required to successfully complete training relevant to the desired opportunity. In addition, select opportunities require a criminal background check performed every three years.

<b>Personal</b>	<u>  Inform</u>	<u> 1ation</u>

Title:	Name:							
First		Middle		Last				
Nickname:	Nickname:		Gender:					
Address:								
Street							Zip	
County:			Birth Month/Day:					
		I'm over the age of 18: Yes No						
Phone:		0.11	Preferre	ed Phone: 🗌	] Home	Cell		
Home		Cell						
Email:								
Employment I	<u>nformatio</u>	<u>on</u>						
Employer:	Employer:			Position:				
Address:	Address:							
Street		City		State		Zip		
Work Phone:			,	Contact Yo		? Yes	☐ No	
Would your company be interested in becoming in			involved v	vith Make-A	-Wish?	] Yes [	] No	
Emergency Co	<u>ntact Info</u>	<u>rmation</u>						
Emergency Contact:			Relationship:					
Emergency Contact Phone:								
<b>Professional S</b>	<u>kills –</u> Sele	ect those skills in whic	h you hav	e a profess	ional capal	bility and	or fluent.	
Construction / Carpentry, please specify:								
Entertainment Skills, please specify:								
Graphic Design / Art Design/Marketing								
Interior Decorating								
Language, please specify:								
☐ Photography								
Professional Certifications, please specify:								
☐ Fundraising								
Writing								
	U							

Please return completed application to **Jillian Baker at jbaker@ct.wish.org and Amber Tillinghast at atillinghast@ct.wish.org** 

Would you be interested in learning more about the Leadership roles on the Emerging Leaders Council (e.g Chair, Vice Chair, Treasurer, Secretary)?			
Please tell us about other volunteer/committee	positions you have had.		
Please share any other information that you fee and commitment (i.e. goals, initial ideas, etc.)	el may help us better understand your interests		
provided may be verified by contacting person	his form is true and correct. The information that I have as or organizations named in this application, or by y have information concerning me, or by conducting a		
the role in which I've applied for. I am volunte will not be paid for my services as a volunteer	rging Leaders Council member and am able to perform ering my time for personal reasons and understand I and I expect no compensation. Furthermore, I etermining the best fit of my skills for Make-A-Wish CT.		
Signature:	Date:		

Please sign this line as handwritten signature and date is required.