



## United Way of Cumberland County Leadership Development Program 2024 Registration Form

<b>Date</b>				
<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>	<b>Ethnicity</b>	<b>Gender</b>
<b>Place of Employment</b>		<b>Title/Occupation</b>	<b>Department</b>	
<b>Business Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Business Phone</b>	<b>Extension</b>	<b>Business Fax</b>	<b>Business E-mail</b>	
<b>Home Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>		<b>Home Fax</b>	<b>Home E-mail</b>	
<b>Mobile Phone</b>		<b>Preferred Method of Contact:</b>		
<b>How did you learn about this program?</b>				
<b>List of volunteer experience with any nonprofit agency and/or civic, fraternal, professional and faith organization:</b>				
<b>Organization Name</b>	<b>Volunteer/Leadership Position</b>		<b>Years Participated</b>	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
<b>List Community Leadership Programs that you have completed or are currently enrolled in:</b>				
<b>Program Name</b>	<b>Date Completed</b>			
_____	_____			
_____	_____			
_____	_____			
<b>Areas of Expertise or Service:</b> (Indicate your professional and volunteer experiences. Indicate top three.)				
<input type="checkbox"/> Administration	<input type="checkbox"/> Government Relations	<input type="checkbox"/> Planning		
<input type="checkbox"/> Arts/Design	<input type="checkbox"/> Journalism	<input type="checkbox"/> Program Development		
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Law	<input type="checkbox"/> Public Programs/Services		
<input type="checkbox"/> Civic Organizations	<input type="checkbox"/> Management	<input type="checkbox"/> Public Relations		
<input type="checkbox"/> Community Organizing	<input type="checkbox"/> Marketing	<input type="checkbox"/> Research		
<input type="checkbox"/> Counseling	<input type="checkbox"/> Medicine/Health Care	<input type="checkbox"/> Volunteerism		
<input type="checkbox"/> Education	<input type="checkbox"/> Neighborhood Development	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Philanthropy			

**Name:**

**Areas of Interest:** (Indicate at least three (3) areas of Volunteer Interest. Prioritize #1 being highest)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Children/Youth              | <input type="checkbox"/> Health Care            | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Communications/Marketing    | <input type="checkbox"/> Housing/Shelter Care   | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Developmental Disabilities  | <input type="checkbox"/> Legal                  | <input type="checkbox"/> No preference   |
| <input type="checkbox"/> Early Childhood Development | <input type="checkbox"/> Mental Health          |  |
| <input type="checkbox"/> Education                   | <input type="checkbox"/> Older Adult Services   |  |
| <input type="checkbox"/> Emergency Assistance        | <input type="checkbox"/> Physically Challenged  |  |
| <input type="checkbox"/> Employment/Training         | <input type="checkbox"/> Special Transportation |  |

**The following documents MUST be submitted to complete registration for the 2024 UWCC Leadership Development Program. NO EXCEPTIONS.**

- \_\_\_\_\_ Completed LDP Registration Application
- \_\_\_\_\_ Employment History (Brief Resume or Bio)
- \_\_\_\_\_ A letter of recommendation
- \_\_\_\_\_ A letter of interest
- \_\_\_\_\_ A recent professional photo

*Participants are expected to commit to the necessary time to complete the course attending all Leadership Development Program Sessions.*

**Upon graduation from the Leadership Development Program, graduates will make a minimum of 12 months commitment to serve with United Way of Cumberland County, a United Way Community Partner Agency or other non-profit/civic committee in a volunteer capacity for an elected or appointed term.**

*The undersigned certifies the above information is accurate to the best of his/her knowledge and agrees to assist the United Way in the areas noted on the application to the best of his/her ability.*

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Register via mail:**

Crystal Moore Williams, Community Impact Director  
Leadership Development Program Coordinator  
United Way of Cumberland County  
P.O. Box 303  
Fayetteville, NC 28302

**- OR -**

**Email:** [crystalmmcnair@unitedway-cc.org](mailto:crystalmmcnair@unitedway-cc.org)

**Deadline for Registration: March 11, 2024**