



Spokane Neighborhood Leadership Academy  
**APPLICATION FORM – WINTER/SPRING 2022 PILOT PROGRAM**

\*For language translation services, please email [neigh.svcs@spokanecity.org](mailto:neigh.svcs@spokanecity.org)

Name (First, Last):	
Residential address:	
Mailing address, if different:	
Neighborhood (if known):	
Preferred email address:	
Retype your email address:	
Best phone number:	
Dietary restrictions:	

Optional questions:

What is your date of birth?  
(Month/date/year):  
Prefer not to respond

What is your gender?

- Male
- Female
- Non-binary
- Transgender
- Prefer not to respond

What is your ethnicity?

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacifica Islander
- Hispanic
- White
- Other
- Prefer not to respond

Question 1: Please tell the selection committee about yourself. What would you like us to know?  
(200 words or less)

Question 2: How long have you been a resident of your neighborhood and how are you currently involved in it? (200 words or less)

Question 3: What are your hopes for your neighborhood, and what excites you about this program?  
(200 words or less)

Question 4: Please describe any past leadership experiences, including any leadership development programs you've participated in. (200 words or less)

Question 5: If selected, is there anything that we should know to help you participate fully and get the most out of the program? Please include any requests for accommodations. (200 words or less)

Please type your initials in the spaces below to acknowledge the following:

If selected, I commit to attend class sessions and complete work between sessions to the best of my ability.

If selected, I commit to maintain communication and connection with my cohort through the end of 2022 and to serve my neighborhood council in any capacity for at least one year following the end of 2022.

If selected, I agree to follow SHRC's COVID safety guidelines during any in-person sessions. I understand that my participation would be contingent upon my timely submission of either 1) proof of full COVID vaccination, or 2) a religious or medical exemption form signed by a medical provider.

I confirm that the information provided is true and correct to the best of my knowledge.

References: Please provide the contacts of two people in your neighborhood who would be willing to serve as character references for you, if requested.

Reference #1:

Name (first, last)	
Phone #	
Email address	
How do you know this person?	

Reference #2

Name (first, last)	
Phone #	
Email address	
How do you know this person?	

When complete, please save this form with your first and last name in the file and email it to [neigh.svcs@spokanecity.org](mailto:neigh.svcs@spokanecity.org) by **December 1, 2021**. Thank you!



A Neighborhood Council program in partnership with

