

CCM 2017 Application

PERSONAL

Name:				
Last		First	Middle	Nickname
Home Address: _				
	Number	Street	City	Zip code
Business Name:				
Business Address:				
	Number	Street	City	Zip code
Home Phone:			Business Phone: _	
Email Address:				
EDUCATION				
(Feel free to attach a res	sume)			
Name and Location of School		Dates (from-to)		Degree Major





EMPLOYMENT

Present Employer	Dates	
Type of Organization		
Title or Responsibility		
· ,		
Briefly describe your responsibilitie	es in your employment:	
Other Employment (include active Employer	military duty) Title/Responsibility	Dates
	——————————————————————————————————————	Dates
What do you consider your highest	professional achievement to	date?





Business/Professional Affiliat	ions (if any):	
Name/Group	Positions Held	Dates
COMMUNITY INVOLV	EMENT	
Include community, civic, rel	igious, political, government, social	, athletic or other activities.
Organization:	Position:	
Describe:		
Organization:	Position:	
Describe:		
Organization:	Position:	
Describe:		
What do you consider your n	nost important community accomp	lishment? Why?





What specific engagement have you had with critical public policy	issues?
What goals do you have for your future in terms of your engagement?	career, civic and community
ADDITIONAL QUESTIONS What are three critical public policy areas that should be addres the most family and business friendly region in America?	ssed to make coastal Alabama





What is the most influential book you have read in the last five years? Why?
After graduation from the program, what will you do to enhance your skills and to further the mission of the program to create a sustainable, strong leadership base for our diverse community?
Are you new or native to coastal Alabama? Why do you choose to live here?





COMMITMENT

I understand that the Coastal Civic Master's Program is a seven month program that requires my attendance at all events, except for emergencies. I have support from my supervisor to participate in the programs, I pledge to attend all events and to support the program post-graduation.

Name	Signature	Date
Supervisor Name	Signature	Date

