

Leadership Institute 2024-2025 Fellow Application

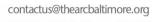
Last name	First name	Middle Initial
Current Position:		
Department:	Supervisor:	
Number of Years Employe	ed with The Arc Baltimore:	
Preferred Phone Number:	:	
Best time to reach you: _		
Preferred Email Address:		
Please be thoughtful in ye	our answers and use additional paper i	if necessary:
What about participating	in the Leadership Institute appeals to	you?
Briefly describe your curr work in or serve in a lead	rent job responsibilities & if you have l lership role?	had an opportunity to
List your leadership stren	gths:	

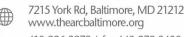














What are three things you hope to learn by attending the Leadership Institute?
What support will you need to be successful in the Leadership Institute?
Describe the personality and leadership characteristics of your ideal mentor?
What haven't you shared that you think is important for us to consider in this application process?

Please complete this reference section before submitting

References:	
Supervisor	Colleague
Name:	Name:
Title:	Title:
Program:	Program:
Phone:	Phone:
Email:	Email:
I acknowledge that upon completion at least one year of employment will understand that I will be required to a Attend all classes - Meet with my mentor at least	:0:
Applicant Signature	 Date
Supervisor Endorsement:	
approval for the expected time requ	eadership Institute. I am aware of and grant uired to participate in the program. I am t in obtaining the necessary coverage to ensure
Supervisor Signature	 Date

Applications are to be submitted by **July 26, 2024** via email to <u>Leadershipinstitute@thearcbaltimore.org</u>.