HIVE Leadership Development Program Application 2019

First Name: *
Last Name: *
Race/Ethnicity: *
Gender Identity (e.g. female, male, transgender, other): *
Age: * Less than 30 years old 30 - 39 years old 40 - 49 years old 50 - 59 years old 60 years or older

Contact Information: *
Work Email:
Work Phone:
Cell Phone:
Anything else you would like to share with us about how you may add to the diversity of the cohort?
Current Job Title: *
Describe the role you play in the organization: *
Describe the role you play in the organization:

Years in current position: *
Total years of work experience *
Total years of experience in nonprofit or community work: *
Other relevant roles you have held (at your current organization or others) in the past 10 years:
Number of people you supervise (currently): *

Total size of budget(s) that you are responsible for/manage: *
Name(s) of organizations on whose boards you serve: *
Are you currently participating in other leadership development or professional support activities? * Yes No
If you commented "yes" above, please explain here:

Organization Contact Information: *	
Organization Name	
Street Address (include suite if applicable):	
City/State:	
Zip Code:	
County:	
Website:	
Organization Mission Statement: *	
List up to 3 core programs or services provided by you	ur organization: *

Briefly describe population served by organization: *
Geographic Scope of Organization: *
Approximate # of clients served or community members engaged annually: *
Total # paid full-time staff: *
Total # paid part-time staff: *

Total # volu	unteers: *
Current Ye	ar's Organizational Operating Budget: *
1.1a hea 2.11 non 3.11 resp orga	am an employee at a Louisiana nonprofit dedicated to reproductive lth, rights, or justice. have at least three years of work experience, with at least one year in profit or community work. hold some organizational or community influence and some consibility for managing people and/or budgets within their anization. am committed to long-term work in reproductive health, rights, and ice in Louisiana. am able to fully participate in all elements of the program.

ATTE	NDANCE & PARTICIPATION REQUIREMENTS - check all boxes *
	1. I understand that this program runs from February 2019 through April 2020. If selected, I will actively participate in all aspects of the program during its entire duration.
	2. I understand that participants are required to attend five 3-day intensive leadership retreats with the entire cohort.
	3. I understand that participants are required to participate in four virtual peer learning groups and three webinars to address organizational goals and challenges.
	4. I have access to the technology which enables me to participate in all program activities, including webinars, peer learning groups, and the online community.
	5. I am able to commit to working on my individual learning goals between peer learning groups and in-person gatherings.
	6. I am willing to provide feedback to other cohort members on their work and to the program facilitators on the program quality and impact.
	7. I am willing to participate in a 1:1 coaching relationship to further my individual development and leadership goals.
	8. I have the approval and support of my organization's executive director or board to participate, including allowing my time in program activities to be paid time.
1. Ho do? *	w do you describe your work? What is personally important to you about the work you

2. What inspires you to do this work? *
3. What does achieving reproductive health, rights, and/or justice mean to you? What would success in this work look like? *
4. Why are you interested in participating in the HIVE Leadership Program? Please be specific about how both you and your organization might benefit from the program. Also
describe how you might contribute to the learning of the group. *

5. How do people who love you describe you? *
6. Please list three leadership strengths you have. *
7. Please list three leadership challenges you face. *
8. Please describe one leadership goal you have for yourself in the next year. *

9. What do you want to learn from your peers across *	LA who will participate in the program?
10. For applicants who move forward in the applicat telephone conversation between you and one of the question we have not asked you in the application th interview process? *	program's facilitators. What is one

APPLICATION SUBMISSION

- Click the "Submit" button at the end of the online form to send us your application information.
- If you would like a PDF copy of your application for your records, please request it from Emily Smizer, Project Coordinator, at emilys@compasspoint.org.
- After clicking the "Submit" button, you will be directed to a page to download an Organization Acknowledgement Form (in PDF) that must be signed by your executive director or, if you are the executive director, by the organization's board chair. Please email this form to Emily Smizer, Project Coordinator, at emilys@compasspoint.org by October 31, 2018.
- Once you have successfully downloaded or printed the Organization Acknowledgement Form, you may safely close your internet browser or tab.

APPLICATION CHECKLIST - check all boxes *

1. I have reviewed the program overview and information.
2. I have completed all sections of the application.
3. I meet all of the eligibility requirements.
4. I commit to meeting all of the attendance and participant requirements.