



PARTICIPANT NOMINATION FORM

1. Determine which staff member(s) would be potentially successful CALA nominee(s).
2. Meet with potential nominee(s) to determine their interest in the program.
3. Complete the application form on behalf of each agency nominee.
4. Submit the form along with the nominee's resume or vita detailing his or her work history, education, and community involvement.
5. Mail or fax to: Community Action Leadership Academy, 1 Pinchot Lane, P.O. Box 787, Athens, OH 45701-0787. Phone: 740-594-8499. Fax: 740-592-5994.

Nominee's Personal Data

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Home E-mail: _____

Nominee's Employment Data

Agency Name, Division: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____ Fax: _____

Business E-Mail: _____

If selected, the nominee agrees to participate fully in the program and attend all scheduled classes and understands that missing more than one session or either retreat will prevent his or her graduation.

On a separate sheet, the nominee should, in 100 words or less, demonstrate what qualities and assets he or she brings to his or her job and how participation in the Community Action Leadership Academy might enhance the nominee's capacity to serve his or her CAA and the entire Community Action Network.

Nominee's Signature Date

Nominee's Immediate Supervisor's Signature Date

Executive Director/CEO's Signature Date