



NonprofitsFirst
ADVANCING LEADERS

We are confident that full participation in the Advancing Leaders program will make a significant difference in your professional life. Full participation means preparing for and attending each module and training program, and assuming your responsibilities in the service-learning team project.

I understand the time commitment necessary to fully participate in the Rising Leaders program.

Applicant signature: _____

Date: _____

I approve of and support the applicant's participation in the Rising Leaders program. I understand the time commitment necessary to fulfill his/her completion requirements.

Supervisor Signature: _____

Date: _____



NonprofitsFirst.
ADVANCING LEADERS

In Case of Emergency Contact Form

Name: _____

Organization: _____

Supervisor: _____

Supervisor email: _____

Supervisor contact phone: _____

Name of Person to Contact in Case of Emergency: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____



PHOTOGRAPHY/VIDEOGRAPHY RELEASE FORM

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Printed Name: _____

Signature: _____

Date: _____