



Blueprint for Leadership Application

A Program of
Volunteer Jacksonville, Inc.
4049 Woodcock Drive, Suite 100
Jacksonville, Florida 32207-2130
Phone (904) 398-7777 Fax (904) 346-4438
email blueprint@volunteerjacksonville.org

Date _____

PERSONAL

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ email _____

Mailing Address (if different from above) _____ Zip _____

EDUCATION

(Circle last year completed)

High school: 1 2 3 4

College: 1 2 3 4

Beyond: _____

OCCUPATION

Position/Title _____

Employer _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

email _____

Referred By _____ Position/Title _____ Phone _____

Supervisor _____ Position/Title _____ Phone _____

HISTORY OF COMMUNITY SERVICE

Agency/Organization _____
Position _____
Duties _____

Dates of Affiliation _____
Agency/Organization _____
Position _____
Duties _____

Dates of Affiliation _____

Why do you wish to participate in Blueprint for Leadership?

SKILLS AREAS

Check the degree of experience/education you have in the following:

	<u>Extensive</u>	<u>Some</u>	<u>Limited/None</u>
Planning	_____	_____	_____
Budgeting	_____	_____	_____
Finance	_____	_____	_____
Public Speaking	_____	_____	_____
Program Development	_____	_____	_____
Fundraising	_____	_____	_____
Technical Writing	_____	_____	_____
Marketing	_____	_____	_____
Community Relations	_____	_____	_____

PLEASE ATTACH RESUME TO APPLICATION AND RETURN TO:

Volunteer Jacksonville, Inc.
Blueprint for Leadership
4049 Woodcock Drive, Suite 100
Jacksonville, Florida 32207

