**Colorado Latin@ Leadership Network Application**

**EMAIL COMPLETED APP TO:** [**agueda@ccasa.org**](file:///C:\Users\Rosa\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\5NYSSJ3Y\agueda@ccasa.org)

**Application Date**

Date

MM/

DD/

YYYY

**Applicant Information**

Name

Agency Address

State/Province

ZIP/Postal Code

Preferred Contact Email Address

Preferred Contact Number

Alternate Contact Email

**Current job position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please select range of year/s in current position**

1 year

1 year - 2 years

2 years - 3 years

3 years - 5 years

5 years - 10 years

Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate number of years in the violence against women field.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Executive Director or Direct Supervisor Information**

Name

Email Address

Phone Number

**Organization Type (Please choose from the drop down):**

* **Sexual Assault**
* **Domestic Violence**
* **Dual**
* **Child advocacy Center**
* **System-based victim assistance**
* **Culturally Specific**

**What is your organization's mission statement?**

**Please indicate the under-represented populations that you self-identify with (Not the population you serve).**

Asian Pacific Islander

Black/African American

Deaf/Deaf or Hard of Hearing

Immigrant/Refugee

Latina/Latino

Lesbian, Gay, Bisexual, or Queer

Middle Eastern

Native American/American Indian/Indigenous

Persons with Disabilities

Transgender/Gender Non-Conforming/Gender Fluid

Aged 35 or younger

Aged 50 or older

Limited English Proficiency

Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate all challenges and barriers you face as a person from an under-represented population/s.**

Access to professional networks

Access to information

Lack of formal degree, college education

Lack of access to other leaders of color

Lack of meaningful experience in an executive role, responsibilities

Lack of exposure

Lack of access to mentors

Not being able to be my whole self

Technology: social media and current tech tools

Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you think CLLN will help you address these challenges and barriers and improve your capacity to lead in the violence against women (VAW) movement?**

**How would the development of your leadership capacity translate into services and/or working with underserved, marginalized communities (e.g. communities of color, LGBTQ, persons with disabilities, immigrant/refugee communities, older adults, youth, etc.)?**

**Please tell us why you would like to participate in the CLLN Program and what you hope to gain (i.e. outcomes) from participating in the CLLN Program? Include your career and/or professional goals.**

**Please tell us what leadership means to you?**

**Please briefly highlight the skills and experience you will bring/share with the group**

**Please provide brief bio: (attach to email)**

**Please upload resume (attach to email)**

**Do you have any additional information you would like to share with us (attach to email)**