

**KNOXVILLE-KNOX COUNTY COMMUNITY ACTION COMMITTEE**  
**CAC COMMUNITY LEADERSHIP APPLICATION**

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*Please complete all requested information. This information will be used in the selection process.  
Be brief, but to the point. If necessary, use additional paper.*

NAME \_\_\_\_\_  
(Please print)                      (Last)                                      (First)                                      (Middle)

ADDRESS \_\_\_\_\_  
Zip \_\_\_\_\_

Home or Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ What is the best way to reach you? \_\_\_\_\_

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**COMMUNITY ACTIVITIES**

1. List below the organizations and groups in which you are currently an active member:

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2. If chosen, describe how your participation in the project would benefit the group or groups of which you are a member.

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3. How did you learn about the Community Leadership Program?

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4. What is your occupation/place of employment (optional)?

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5. Is there anything that would prevent your full participation in the project?

Yes \_\_\_\_\_ (If yes, please explain below)    No \_\_\_\_\_

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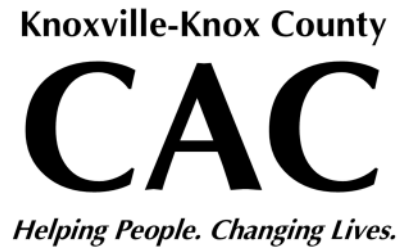
6. Would you need transportation? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Would you need internet connectivity and a computer capable of participating in as needed virtual meetings? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return the completed form to:

Mail: Knoxville-Knox County Community Action Committee  
Community Leadership Selection Committee  
P.O. Box 51650  
Knoxville, TN 37950-1650  
Bring by in Person to: 2247 Western Avenue, the Ross Bldg.  
Fax: 865.546.0832  
Email: [communityleadership@knoxcac.org](mailto:communityleadership@knoxcac.org)



<b>Demographic Information</b> <i>(*This is for statistical purposes only and your response is strictly voluntary)</i>	
<b>Age:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male
	<input type="checkbox"/> Female
	<input type="checkbox"/> Other Gender Identity
<b>Race:</b>	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Alaska Native
	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Asian
	<input type="checkbox"/> White/Caucasian
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Non-Hispanic/Non-Latino