

BronxWorks Leadership Council Application

Name:						
E-mail:				Phone:		
Address:						
Company:				Years at Company:		
Title:						
College/Universitie	s attended	, & degrees	attained:			
1. What is the best	way to cont	tact you? Che	eck all that a	pply.		
E-mail	Phone Text					
2. How did you lear	n about the	e Leadership	Council?			
Colleague		BronxWorks Staff		BronxWorks Board Member		
Vendor/Partner		Open house		Other:		
3. In what ways wou	ıld you like	to be involve	ed with Bror	xWorks?		
Volunteer		Fundraising		Other:		
Ongoing		Organize an event				
Annual						
One-time						
4. Do you have any the Leadership Cou		s or talents t	hat you feel	may benefit	t the BronxWorks and/or	
Event planning	Event planning Art		Public Relations		Social butterfly / Connecter	
Web design	o design Legal Expertise		Communications		Other:	
5. Why are you inte	rested in Br	onxWorks an	nd/or joining	the Leader	ship Council?	
6. Briefly describe y	our backgr	ound. Have y	ou been inv	olved in oth	er non-profit organizations?	