



# Sprout Leadership Application

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New York, NY 10025

phone: 212-222-9575  
fax: 212-222-9768

email: Leadership@GoSprout.org  
web: www.GoSprout.org

*Please complete both sides of this application. Return the completed form by mail or fax, attention: Director of Leadership*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone - Day \_\_\_\_\_ Phone - Evening \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about Sprout? \_\_\_\_\_

Why do you want to be a Sprout leader? \_\_\_\_\_

What concerns do you have in taking on this leadership position? \_\_\_\_\_

Please list volunteer/work/life experiences that you have had, and how they would be relevant to leading a Sprout trip.

Please list any special talents or abilities that you have which you feel would benefit Sprout.

*over please*

# Sprout Leadership Application, continued

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Please list schools, years attended and degrees earned. \_\_\_\_\_

Please state your present or most recent employer, your job title and your responsibilities.

Please tell us what time commitment you would like to give to Sprout. \_\_\_\_\_

Have you ever applied to be a Sprout leader before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you a licensed driver? \_\_\_\_\_

If you are a driver:

Driver's License number: \_\_\_\_\_

How many years have you been driving? \_\_\_\_\_

Have you been convicted of a moving traffic violation in the last two years? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

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Please provide two references for us to contact. The references should be from your work, school or volunteer experiences, preferably people who have supervised or worked closely with you in a position of responsibility.

## Reference #1

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Reference #2

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Your Signature \_\_\_\_\_ Date \_\_\_\_\_