



# Wyoming Interfaith Network

## Voices of Faith in Leadership Program

### Participant Application - 2023 Cohort

Please complete all four pages of the application and then submit the completed application to [info@wyointerfaith.org](mailto:info@wyointerfaith.org).

#### Applicant Information

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Identify your spiritual or religious group connection or state unaffiliated if you don't identify with a tradition:**

*Examples: Christian-Methodist, Buddhist, Baha'i, Muslim, Native American, Quaker/Friends, Nones, Unaffiliated*

**Contact person for this group:**

**Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**How long have you been a resident of Wyoming?** \_\_\_\_\_

#### Education

*Identify the highest level of education completed.*

**School/College/University:** \_\_\_\_\_

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

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Did you graduate?**  **YES**  **NO** **Diploma:** \_\_\_\_\_

#### References

*Please list three references of which at least one must be a professional with whom you worked or who knows you professionally.*

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

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**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

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**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**Tell Us About Yourself**

Answers to the questions will help us to refine the program based on participants' experiences and needs.

**Why do you wish to participate in this leadership training program? (2-3 sentences)**

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**What do you hope to learn and then accomplish with this training? (3-4 sentences or bullet statements)**

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Answer the following three questions using a scale of 1-3.

*1=Very Familiar, 2=Somewhat Familiar, 3=Limited Knowledge but Willing to Learn.*

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**How familiar are you with the current affairs of the state of Wyoming?**

Please explain.

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**Assuming you are committed to social, racial, and environmental justice; how familiar are you with these particular justice issues both in the past and in the present?**

Please explain.

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**How comfortable are you in speaking out about faith and justice issues at the present time?**

Please explain.

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Thank you.

Please review and sign the agreement on the next page.

## Program Participation Requirements

If selected to participate in this program, I commit to the following:

- Completion of pre-training education as described in the curriculum. This includes approximately 5-10 hours of reading material and/or viewing documentaries.
- Attendance at all training sessions currently scheduled as follows (emergencies handled on a case-by-case basis):
  - o February 16, 2023
  - o March 2-4, 2023
  - o April 27-29, 2023
  - o May 19-21, 2023
  - o June 8-10, 2023
  - o July 6-8, 2023
  - o August 10-12, 2023
  - o September 21-23, 2023
  - o October 12-14, 2023
  - o November 9-11, 2023, *backup dates*
- Actively participate in Wyoming Interfaith Network endeavors for at least one year after program completion.

If selected, a one-time tuition payment of \$500 is required upon notice of acceptance. Please contact the WIN Executive Director if you need tuition assistance.

All training materials will be provided to you as well as lodging, meals, and mileage/transportation reimbursement for in-person training sessions.

## Agreement and Signature

*By signing below,*

*I certify that my answers are true and complete to the best of my knowledge.*

*I am declaring that I wish to be a participant in the Voices of Faith in Leadership Program.*

*I commit to meeting the requirements of this program.*

*If accepted, I will work to make my participation a successful interfaith adventure.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_