



TRAINING WITHOUT WALLS

Application Form

111 West 16th Avenue, Suite 400 • Anchorage, AK 99501 • (800) 426-3602 / (907) 278-3602 • Fax: (907) 276-3924

Name _____ DOB: _____

Address _____

City _____ State _____ Zip _____

Phone
(HM) _____ (WK) _____ (CELL) _____

E-Mail

BBNC Shareholder BBNC Descendent

Village Corporation:

The complete application will contain:

- Completed application form
- Resume (three references/contact info included)

Applications are accepted at all times and openings are filled on a rolling admission basis. Send applications to: Carol Wren or Casey Sifsof, TWOW c/o BBNC, 111 West 16th Avenue, Suite 400, Anchorage, AK 99501, by fax to (907) 276-3924, or by email to cwren@bbnc.net or csifsof@bbnc.net.

COMMITMENT

I understand the purpose of Training Without Walls and if I am selected as a candidate, I will devote the time and resources necessary to complete the program.

Signature

Date

Application Questions

(Please attach additional pages as necessary to respond to all questions)

A. Why are you interested in participating in the TWOW Program?

B. Why are you a good candidate to participate in the TWOW Program?

C. What are your leadership and managerial skills that would make you successful in participating and completing the TWOW program?

D. What do you consider to be your most important accomplishments to date? Why?

E. What current / past leadership roles have you held? What is the most significant lesson you've learned from them?

F. What are your most important volunteer experiences to date?

G. Pick an issue that interests you. What contribution do you want to make to it? What solutions do you have to resolve the issue?
