

Rotary



Club of Solvang "People of Action"

Application for the SYV Community Leadership Program

Last name _____ First name _____

Address _____ City _____

Preferred phone # _____ email address _____

Education background _____

Current employment _____

Previous leadership training _____

Current/previous community service experience _____

Able to make Saturday classes, 9:00 – 12:00 PM Yes No

Vaccinated for COVID-19: Yes No

Please state what you seek to gain from participating in this program:

What special knowledge, skills or experiences do you have that may add to the diversity of perspectives in the class?

Upon acceptance you will be billed the \$100 participation fee.

Signature _____ Date _____

Mail to: Rotary Club of Solvang, PO Box 619, Solvang, CA 93464, Attn: SYVLP
Email: lancjacobsen@gmail.com