



Last Name:

First Name:

Home

(preferred method of contact: yes no)

Address:

Zip Code:

Phone:

Email:

Work

(preferred method of contact: yes no)

Address:

Zip Code:

Phone:

Email:

Organization:

Title:

Female Male

Age Range:

Under 29
50-59

30-39
60-69

40-49
70 or Over

Race/Ethnicity:

African American/Black

Asian American

Hispanic/Latino American

American Indian/Native American

Caucasian American/White

Bi-Racial

Other (specify) _____

Which geographic neighborhood do you reside?

Southeast
Southwest

Northeast
Northwest

Downtown
Other (specify) _____

Professional and/or Volunteer Involvements:

What types of personal interest do you have?" :

Have you ever participated in any of the local leadership, awareness and/or development programs:

Leadership Greensboro Other Voices Challenge Greensboro

Un-doing Racism Other (specify) _____

Which languages do you speak or understand?

Please rank your interest in the following six challenges faced by the Greensboro community:

___ Education

___ Criminal Justice

___ Economics

___ Race Relations

___ Neighborhoods

___ Settlement City/Immigration

What do you think can be done to positively impact the challenges faced by the community:

Why do you want to participate in IMPACT Greensboro ? (400 words or less. Attach additional sheet if needed)

Please mail application to: IMPACT Greensboro, 330 S. Greene Street, Suite 200,
Greensboro, NC 27401