

"Change Makers, Making Change" Application



CHANGEMAKERS



MAKING CHANGE

General Information

Last Name: _____ First Name: _____ Middle Initial: _____

Nickname/ Familiar Name for Name Tag: _____ Date of Birth: _____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Preferred Method of Contact (please circle one): Home Phone Mobile Phone Email

Company Information

Company/ Organization Name: _____

Company Address: _____

City _____ State _____ Zip Code _____

Company Phone: _____ Company Fax: _____

Company Email: _____

Title/ Position: _____



A Program of Your El Paso Hispanic Chamber of Commerce

2401 E. Missouri • El Paso, TX 79903 • P: 915-566-4066 • F: 915-566-9714

www.ephcc.org

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Education

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____

Work Experience

Please list your positions in reverse chronological order, stating with your current one. If all positions are in the same company, please give the major promotional sequence.

<u>Name of Company</u>	<u>Title/ Position</u>	<u>Dates of Employment</u>



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Program Questions Continued

5. Please list any past experience with Community Service/ Non-profit organizations. Include time involved, your role and position, and if you held a leadership role or not.

6. What do you feel is your most important accomplishment is? Why?

7. What three adjectives would you use to describe yourself?

Declaration

I hereby apply for consideration to the “Change Makers, Making Change” Candidate Program. I certify that the information in this form is true, and I understand and accept the conditions of enrollment set out on this form. I will provide certified documentary evidence in support of this information where requested. If I am admitted to the “Change Makers, Making Change” Candidate Program, I agree to comply with the conditions and other rules of the El Paso Hispanic Chamber of Commerce.

Signature of Applicant:

Date:



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