

CHIEF OF PARTY PROGRAM REQUEST FORM

I, _____, would like to request the opportunity to participate in the Chief of Party Program.

Current Information:

Address: _____

Phone Number(s): Home () _____ Mobile () _____

E-Mail Address: _____

Employer Information:

Current Employer: _____

Address: _____

Phone Number: _____

If currently unemployed are you:

Registered on the Union's Out-of-Work List: Yes _____ No _____

Class Information:

Please indicate your preference:

Weeknight Classes _____ Saturday Classes _____ Online _____

Comments: _____

Signed: _____

Date: _____