



**Combined
Federal
Campaign**



of Metro Denver (0141)

LOANED REPRESENTATIVE APPLICATION

NAME: _____

FEDERAL AGENCY: _____

EMAIL ADDRESS: _____

WORK PHONE: _____

CELL PHONE: _____

WORK ADDRESS: _____

HOME ADDRESS: _____

DO YOU HAVE ANY CFC ADMINISTRATIVE EXPERIENCE? YES _____ NO _____

KEY WORKER - NUMBER OF YEARS _____

AGENCY CHAIR - NUMBER OF YEARS _____

OTHER _____ - NUMBER OF YEARS _____

PLEASE LIST YOUR COMPUTER SKILLS:

OFFICE OUTLOOK

OFFICE WORD

OFFICE EXCEL

OFFICE POWERPOINT

OFFICE PUBLISHER

OFFICE FRONT PAGE

OTHER _____

LIST A LEADER YOU ADMIRE AND DESCRIBE THEIR LEADERSHIP STYLE:

LIST A MANAGER YOU ADMIRE AND DESCRIBE THEIR MANAGEMENT STYLE:

LIST THE KEY SKILLS AND CHARACTERISTICS ARE YOU EXPECTING TO LEARN FROM THE LOANED REPRESENTATIVE PROGRAM:

LIST THE KEY SKILLS AND CHARACTERISTICS YOU WILL BRING TO THE LOANED REPRESENTATIVE PROGRAM:

RECOMMENDED BY: _____

TITLE: _____

LIST WHY YOU THINK THIS APPLICANT WILL MAKE A SUCCESSFUL LOANED REPRESENTATIVE: _____

I have permission from my supervisor to participate in the four-month Loaned Representative Program should I be accepted. _____ (Initial line)

SIGNATURE _____ DATE _____

Submit this application to: Jodi@metrodenverfcf.org or 6660 Delmonico Dr, #503D, Colorado Springs, CO 80919 by 5:00 p.m. on Friday, July 30, 2010.