



**COMMUNITY COUNCIL OF METROPOLITAN ATLANTA, INC.
PRIORITY MALE INSTITUTE/PROPEL LEADERSHIP ACADEMY**

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Emergency Contact:			Telephone No.			
Dates Available			Hours Available			
Expertise						

PLEASE DESCRIBE YOUR AREAS OF EXPERTISE & THE WORKSHOPS THAT YOU CAN PROVIDE

REFERENCES

Please list two references.

Full Name		Relationship	
Address		Phone	
Full Name		Relationship	
Address		Phone	
Address			

REMARKS:

Signed: _____

Date: _____