

LEVL: Lived Experience Voices & Leaders Application

Name: _____ Phone: _____

Address: _____ City: _____

Email: _____ Best Way to Reach You: _____

What time would work best for you for meetings and workshops?

Weekdays (circle which days) Monday Tuesday Wednesday Thursday Friday

Weekends

Mornings Afternoons Evenings

Are you able to commit four hours per month for the next 10 months? YES NO

Are you able to contribute to a positive and supportive culture for all participants? YES NO

We want to set all LEVL participants up for success. Please list any tools or aid that would be helpful to your success in LEVL, or any barrier than may prevent you from attending monthly meetings and activities.

Though every LEVL participant's journey is unique, there is one required meeting each month, and all participants are asked to participate in the Story of Self workshops 1 & 2 within the first three months of the program. Do you agree to complete these program requirements if selected? YES NO

Please select the activities you are most interested in participating in as a LEVL member:

_____ Networking with other moms and female caregivers

_____ Learning more about poverty and the social safety net system

_____ Self-care, including yoga and mindfulness trainings

_____ Parenting and family tools and development

_____ Financial Fitness and Credit Help

_____ Cooking and Nutrition Classes

_____ Civic Engagement Training: How to Participate in the Democratic Process

_____ Speaking / Sharing your story with the media

_____ Participating in panel discussions

_____ Continuing Education opportunities and trainings

_____ Meeting with elected officials (locally, in Helena, or in Washington DC)

