

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.

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

- Network with other moms and caregivers
- Leadership Development
- Self Care
- Parenting Tools
- Financial Fitness
- Cooking & Nutrition Classes
- Civic Engagement
- Public Speaking
- Participate in panel Discussions
- Budget Meals
- Meet with elected officials
- Share and document your story

Please tell us a bit about yourself and why you would like to be part of LEVL:

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Are there specific skills or opportunities that you would like to gain through your participation in LEVL?

Anything else you would like to add?

Completed applications can be returned to Christine Littig at the following address by Thursday, December 5, 2019:

Christine Littig
Missoula Food Bank & Community Center
1720 Wyoming Street
Missoula, MT 59801