**2020 Leadership Shadowing Program (LSP) Application**

Visit [www.fapac.org/LSP](http://www.fapac.org/LSP) for full details. Completed applications must include this form and resume (max 2 pages) and be [submitted online](https://form.jotform.com/fapac1985/LSP2020) or emailed to shadowing@fapac.org by **5:00pm EST on January 31, 2020**.

**Applicant Name:** Click or tap here to enter text.

**Address (City, State):** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Phone number:** Click or tap here to enter text.

**Agency/Employer Name:** Click or tap here to enter text.

**Position Title:** Click or tap here to enter text.

**Position Grade:** Click or tap here to enter text.

1. **Type of FAPAC Membership:**

[ ]  Regular [ ]  Lifetime Regular # of years as an active Member? \_\_\_\_\_\_

1. **I would like to shadow the following FAPAC Officer (1st choice & 2nd choice)**
* **1st Choice**

[ ]  President

[ ]  Vice-President

[ ]  Vice-President of Operations (VPOO)

[ ]  Vice-President of Financial Management (VPFM)

[ ]  Vice-President of Technology and Media Communications (VPTM)

[ ]  Executive Secretary

[ ]  Treasurer

[ ]  Auditor

* **2nd Choice**

[ ]  President

[ ]  Vice-President

[ ]  Vice-President of Operations (VPOO)

[ ]  Vice-President of Financial Management (VPFM)

[ ]  Vice-President of Technology and Media Communications (VPTM)

[ ]  Executive Secretary

[ ]  Treasurer

[ ]  Auditor

1. **Respond to the following questions in 200 words or less:**

**Why would you like to participate in the 2020 FAPAC Leadership Shadowing Program (LSP)?**

Click or tap here to enter text.

**What are your expectations and what would you gain from participating in the 2020 LSP?**

Click or tap here to enter text.

**How do you envision yourself contributing to FAPAC and its members?**

Click or tap here to enter text.

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**AGREEMENT/SIGNATURE**

By submitting this application, I affirm that the facts set forth are true and complete. If accepted to the LSP, I commit to meeting the program requirements as presented. I understand that FAPAC reserves the right to assign participants according to individual circumstances, but final assignments are subject to a variety of situational needs and the availability of FAPAC Officers. I hereby authorize FAPAC to use the provided data for the 2020 Leadership Shadowing Program purposes.

Signature: Date: