



## **Beta Omicron Chapter Leadership Intern Program**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

1) Why are you interested in the Leadership Intern Program?

2) Describe at least 2 other leadership initiatives you have participated in the past.

3) What strengths and qualities will you provide for this new initiative?

4) What are your expectations or goals of this Leadership Intern Program?

Please indicate your preference:

\_\_\_ Membership (to assist in developing and implementing a plan for member involvement and retention)

\_\_\_ Programs (to assist in developing and implementing a plan for programs offered by the local chapter to include the annual conference and other programs during the year)

\_\_\_ Leadership Succession (to assist in developing a mentoring program and other leadership opportunities)

Meetings are generally held on the 3<sup>rd</sup> Tuesday every month at 5:00 p.m. These will be communicated to you by mailings, newsletters, and the Beta Omicron Web Page

([www.mcg.edu/son/betaomicron](http://www.mcg.edu/son/betaomicron))