

THE COLORADO
**FAMILY LEADERSHIP
TRAINING INSTITUTE**



PARTICIPANT APPLICATION

Please complete this application and submit along with the following information:

- Resume;
- 3 References (including contact information);
- Personal Essay about why you want to participate in FLTI.

Name (Last, First):	County:	
Street Address:	City:	Zip:
Home Phone:()	Cell Phone:()	
Email:		

Which FLTI program are you applying to?

- Denver Adams Larimer Arapahoe/Douglas Montezuma

Do you have children? Yes No

If Yes, how many children do you have? 1 2 3 4 5 Other _____

Are there other adults in your household? Yes No

If, Yes, how many adults are in your household? 1 2 3 4 Other _____

Would you need childcare to allow you to participate in FLTI? Yes No Maybe

Would you need transportation to participate in FLTI? Yes No Maybe

Would you need a job release to be able to attend classes? Yes No Maybe

What is your racial/ethnic background? (optional):

- Asian/Pacific Islander Black Latino Native American White Other _____

Do you have an agency or community sponsor? Yes No

If Yes, please share: Name _____ Phone (____) _____

Address _____ Email _____

Please submit all requested information to: Colorado Department of Public Health and Environment,
4300 Cherry Creek Dr. S. Denver, CO 80246 or e-mail it to cdphe.psdmedicalhome@state.co.us with subject
heading "FLTI Participant Application"

Please respond to the following questions. If you need more space please attach additional pages to this application.

What skills would you like to learn/develop to become a stronger family/community leader?

What issues primarily concern you for children and your community as a whole?

In view of your concern(s) at this time, what subject area would you like to develop for a potential community project?

I certify that all of the information provided in this application is accurate.

Applicant Signature

Date