

WOMEN'S EXECUTIVE PROGRAM APPLICATION

NAME:

BIRTHDAY:

EMAIL:

CELL NUMBER:

MAIL ADDRESS:

WORK NUMBER:

TELL US ABOUT A TIME YOU STEPPED OUT OF YOUR COMFORT ZONE. WHAT HAPPENED?

DESCRIBE YOUR...

CURRENT PHYSICAL HEALTH

CURRENT MENTAL HEALTH

VEHICLE- MAKE, MODEL, YEAR

DIETARY INFO/REQUESTS

SELF-CONFIDENCE LEVEL

HOW DO YOU...

RESPOND TO STRESS?

RECHARGE?

REACH GOALS?

CELEBRATE SUCCESS?

WHAT IS "SITUATIONAL AWARENESS" TO YOU?

WOMEN'S EXECUTIVE PROGRAM APPLICATION

COMPANY:

SUPERVISOR:

TITLE:

MENTOR:

YEARS AT COMPANY:

WHAT ARE YOU MOST PROUD OF?

DO YOU HAVE...

DAILY HABITS TO BENEFIT MENTAL HEALTH? IF SO, WHAT?

DAILY HABITS TO BENEFIT PHYSICAL HEALTH? IF SO, WHAT?

FIRST AID TRAINING? IF SO, WHEN?

A CONTINUITY PLAN? (BUSINESS & PERSONAL)

AN EMERGENCY KIT/BAG?

SELF-EVALUATION

TOP 3 STRENGTHS

TOP 3 WEAKNESSES

BOOKS: AUDIO OR PAPER?

HOW CAN YOU HELP OTHER MEMBERS OF THIS PROGRAM?

WHAT DO YOU WANT TO ACHIEVE BY BEING IN THIS PROGRAM?