



142 North Gamble Street
Shelby, Ohio 44875
419-342-3686

**PROFESSIONAL
COACHING
APPLICATION**

Name: _____ Title: _____

Organization: _____

Address: _____

City, State & Zip: _____

Email Address: _____ Phone: _____

To be considered for this opportunity, please answer the below questions:

1. How long have you served in your current leadership position?
2. What are some of the challenges/frustrations you are experiencing in your leadership role?
3. Explain how supportive your Board/Executive Director are of you participating in this coaching program. Are they aware of this opportunity?
4. What are you hoping to gain or learn from this coaching program?
5. Are you committed to monthly coaching (up to 60 minutes each month)? How are you going to prioritize your time for professional development?

Signature of Applicant

Date

Signature of Board Member / Executive Director

Date