



**VAFRE's 2016-2017 Professional Partnership Program (P3)  
LEADER INFORMATION**

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

Business Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Your Contact Information: Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_ LinkedIn: \_\_\_\_\_

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

\_\_\_\_\_

**Required Information:** *Use additional sheets if necessary.*

1. Why do you wish to be a Leader in VAFRE's P3 program?

\_\_\_\_\_  
\_\_\_\_\_

2. What are your professional strengths? *Please refer to the P3 Leader Expectations if necessary.*

\_\_\_\_\_  
\_\_\_\_\_

3. Have you previously participated in any formal career-training and/or mentoring program? If yes, please briefly describe.

\_\_\_\_\_  
\_\_\_\_\_

***Please attach your updated resume or professional profile.***

*All registration forms and supporting materials must be received at the VAFRE office on or before Wednesday, September 14, 2016. Electronic submissions should be sent to Mary Kidd, CMP, VAFRE Administrator, at [admin@vafre.org](mailto:admin@vafre.org).*

***Questions? Call Mary at 804/368-3398.***