



## FM Creating Inclusive Excellence Program Application

First Name:

Last Name:

Email:

Phone:

Work Section:

Current Supervisor:

Describe your interest in this training/cohort. (Please limit responses to text boxes)

Please list your prior experience with diversity training.

What skills would you like to learn?

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature Approval \_\_\_\_\_ Date \_\_\_\_\_

*Please return the completed application to the HR/Personnel Office in FM North by June 22.*