

## INTEGRAL LEADERSHIP PROGRAM

A six-month program of mind body practice for community leaders

November 2018 - June 2019

## Questionnaire

## Please download questionnaire before completing.

Please answer the following questions and take as much space as needed. When complete, return the questionnaire to <a href="Robert@itp-international.org">Robert@itp-international.org</a>. A Program Facilitator will contact you promptly to schedule a time to discuss the program.

1.	Your name and contact information:				
	Name:				
	Phone #:	Email:			
2.	Organization name:		Website:		
3.	If you're currently involved in a non-profit, please provide a brief description of your organization, including its mission and the population it serves.				
4.	Describe your role and responsibilities.				
5.	What attracts you to our program and its empha	sis on integral	leadership?		

## **Integral Leadership Program Questionnaire**

6.			n a non-profit and either have a desire to start one, or are nity in some way, please give a brief description of your visi	on.
7.	6-month program	n. While not nec	hip Challenge or Project that will be explored over the cour cessary to fully define at this point, please provide an exam facing as a leader.	
8.	safest way to real	lize positive per	on the theory that daily, long-term practice is the most effect rsonal and organizational transformation. Are you committ ice aimed at supporting your well being for the duration of No	ed to
9.	success of all part	ticipants. A stror	t for one another during the program is an important element ong community requires a strong commitment to your devenmently. Are you able to commit to full participation in the	lopment
10.	_	-	n contains some gentle body movement. Do you have any p quire accommodation? No	hysical or
11.	Feel free to share	e anything else r	related to your interest in this program.	