



ALAMAR™

Class 3 – 2026 Application

One application per person, please. Thank you.

Personal

Preferred Name (First & Last) _____

Phone (_____) _____ Birthday (Month/Day) _____

Email _____

Home Address _____

Employer, if applicable _____

Organizations and Activities

Please list, in order of importance to you, up to three (3) organizations (community, professional, business, religious, social, athletic, etc.) which you are or have been a member. Please list the organization name, approximate dates of membership, and position:

1. _____

2. _____

3. _____

Skills and Interests

Please list any skills, special interests, or hobbies that you enjoy or feel could be helpful to the program, i.e., photographer, blogger, graphic designer:

References

List two (2) neighbors within your neighborhood as references in support of you as their neighborhood leader:

1. _____

2. _____

Short-Answer Questions

Please attach your responses to the following questions: one paragraph each is appropriate:

- I wish to participate in Alamar Leadership because:
- To me, “community” means:

I am most available **Weekdays AM / Weekdays PM / Weekends** to support community needs.

Please include any additional information you would like to share with the Alamar Community Life:

Participation & Membership Requirements

- Alamar Leadership Class I Application returned to the Alamar Community Life no later than **December 1st**
- Clearance of “good standing” status with the Alamar Community Association; applicants will be notified by end of day **December 1st** of program acceptance
- Mandatory attendance at Class I Orientation Night in June (Date/Time TBA)
- Support the values of the Alamar Community Life and, in general, be a good neighbor and leader
- Actively participate in program functions and fulfill the program’s mission and three roles
- Remain in “good standing” with the Alamar Community Association at all times

- I am able to fulfill these commitments to the program.**
- I understand that if I do not uphold these requirements, I may be withdrawn from the program.**

Signature _____ Date _____



ALAMAR™

Alamar Community Association

alamar@coherelife.com

602.767.7250