



# CANDIDATE APPLICATION



Please complete this application thoroughly and type all answers to the questions asked. Whenever possible, limit your replies to the spaces provided below, selecting the information about yourself that you believe to be the most outstanding and relevant. Resumes will not be considered in lieu of answers to the following questions. **This form may be duplicated.**

## I. BACKGROUND INFORMATION

1. Full Name \_\_\_\_\_ 2. Preferred Name (if applicable) \_\_\_\_\_  
LAST FIRST MI
3. Titles or Designations \_\_\_\_\_ 4. Member ID \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)
6. Company /Organization \_\_\_\_\_

Place a check in the box adjacent to your preferred mailing address, phone, fax and e-mail

7. Business Address:  8. Home Address:
- 
9. Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_  10. Home Phone \_\_\_\_\_
11. Business Fax \_\_\_\_\_  12. Cell Phone \_\_\_\_\_
13. Business E-mail \_\_\_\_\_  14. Home E-mail \_\_\_\_\_

## II. EDUCATION

1. High School Graduate or GED?  Yes  No
2. Undergraduate College(s) \_\_\_\_\_ Degree(s) \_\_\_\_\_ Major(s) \_\_\_\_\_  
 Post Graduate College(s) \_\_\_\_\_ Degree(s) \_\_\_\_\_ Major(s) \_\_\_\_\_
- Other Education \_\_\_\_\_

## III. NON-INDUSTRY ACTIVITIES

A. Describe your most important past and current volunteer service in civic, political, religious or other organizations over the last five (5) years. Cite what you did, the degree of your involvement, specific results and any awards or citations received.

ORGANIZATION	POSITION HELD	INVOLVEMENT FROM-TO	TIME YOU SPENT/SPEND	ACCOMPLISHMENTS (IF APPLICABLE)
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next page 

B. Describe your anticipated involvement and goals for the next 3-5 years as they relate to the above activities or organizations.

#### IV. **INDUSTRY ACTIVITIES**

A. Describe your past and current volunteer involvement in any insurance or financial services industry organization (e.g. NAIFA, MDRT, IAFP).

ORGANIZATION	POSITION HELD	INVOLVEMENT FROM-TO	TIME YOU SPENT/SPEND	ACCOMPLISHMENTS (IF APPLICABLE)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Describe your anticipated involvement and goals for the next 3-5 years as they relate to the above activities or organizations.

#### V. **APPLICANT ASSESSMENT**

1. Describe your image of an excellent leader.

2. Why do you want to be a part of the Leadership In Life Institute?

3. What is the main reason you should be selected?

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4. What do you hope to gain from participating?

5. What will you offer to other students in your class?

6. To help us plan sessions, do you require any special accommodations in order to attend class?

7. Use the space below to provide any further information regarding additional qualifications, etc.

## VI. NAIFA AFFILIATION

1. Please select one option. Are you a . . .

- NAIFA member of at least 1 year       New NAIFA member with at least 5 years industry experience

2. How many years of insurance or financial services experience do you have?\* \_\_\_\_\_  
\*If member of more than 1 year, at least 2 years industry experience required. If member less than 1 year, at least 5 years experience required.

3. Have you ever been the subject of any insurance or securities regulatory investigation or action?  Yes  No  
If **yes**, please attach details.

4. Who encouraged you to apply to LILI? Please provide that person's name, address and phone number.

5. Do you have a personal or professional relationship with the moderator or another applicant of this institute?

- Yes  No    If **yes**, please explain:

6. Acceptance in this institute is contingent upon your agreement to volunteer 2 years of service in a leadership capacity with NAIFA. Are you willing and able to make a 2-year commitment to NAIFA?  Yes  No

If **no**, please explain:

