

**City of Knoxville Office of Neighborhood Empowerment**  
**Building Strong Neighborhood Organizations (BSNO)**  
**Leadership Training Program**

**Application**

**1. Information Needed to Reach You**

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

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

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**2. Do you live in:**

Knoxville

Knox County

**3. What neighborhood do you live in?**

**4. Is there a neighborhood organization in your neighborhood?**

Yes

No

Don't Know

**5. What is the name of your neighborhood organization?**

\_\_\_\_\_

**6. Are you active in your neighborhood organization?**

Yes

No

If yes, how long have you been involved?

**7. Are you applying for this program with the knowledge and support of other leaders in your neighborhood organization?**

Yes

No

Please explain.

**8. How have you served your neighborhood or neighborhood organization up until this point? (This can include positions held, volunteer work you have performed, responsibilities you have taken on, etc.)**

**9. If you live in a neighborhood with no neighborhood organization, are you hoping to help get one started?**

Yes

No

Please explain.

**10. What are your concerns for your neighborhood?**

**11. What are the major challenges and opportunities facing your neighborhood organization?**

**12. Outside of your neighborhood, please list the community organizations in which you are involved, including volunteer work.**

**13. Why are you interested in participating in this training program?**

**14. Upon completion of BSNO, what do you hope to do with your training inside your own neighborhood and/or neighborhood organization?**

**15. BSNO is an 11-week program, with weekly sessions that last 2 hours. If selected as a participant in BSNO, do you agree to become an active participant and to attend all sessions except for personal or family illness?**

Yes

No

If no, please elaborate.

**16. Please use this space to ask questions about the program or to comment on this application form.**

**Please submit this application to:**

**Debbie Sharp  
[dsharp@knoxvilletn.gov](mailto:dsharp@knoxvilletn.gov) or  
Office of Neighborhood Empowerment  
Department of Safety and Empowerment  
P.O. Box 1631  
Knoxville TN 37901**

**Completed applications must be received by 4:30 p.m. on Thursday, August 31.**

**Questions? Call Debbie Sharp at 215-4382**