

**HIGHLANDER RESEARCH AND EDUCATION CENTER  
SEEDS OF FIRE ADVISORY COMMITTEE APPLICATION**

NAME:

ORGANIZATION:

YOUTH (14-19)  YOUNG ADULT (18-35)  ADULT ALLY (23+)

AGE:  PHONE NUMBER(S):

EMAIL ADDRESS:

ADDRESS:

CITY:  STATE:  ZIP:

RACE/ETHNICITY:

SEX/GENDER:

SEXUAL IDENTITY:

CLASS BACKGROUND:

WHAT LANGUAGE(S) DO YOU FEEL MOST COMFORTABLE SPEAKING?

DO YOU HAVE ANY SPECIAL ACCESS NEEDS?

Do you commit to working with participants that are from different races, culture, gender, age, legal status, sexual orientation and religion?

Why do you want to serve on the Seeds of Fire Advisory Committee?

What social justice work have you been involved in? What role do you play within your organization?  
What connection do you have to Highlander and the Seeds of Fire program?

What experience if any do you have with grants, grant-making or budgeting?

What is your vision for justice in your community, the South and the world?

Is there anything else that you would like to share with us?

Please list two (2) non-relative references (one adult and one youth or young adult (14-23)).

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

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

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

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

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Youth/Young Adult or Adult \_\_\_\_\_

Youth/Young Adult or Adult: \_\_\_\_\_

Please submit completed application to:

Seeds of Fire Advisory Committee/Elandria Williams  
Highlander Research and Education Center  
1959 Highlander Way  
New Market, TN 37820



