

**If you have any questions while completing this application, please call Anne Gingerich, Nonprofit Resource Network Director at 717-871-2178.**

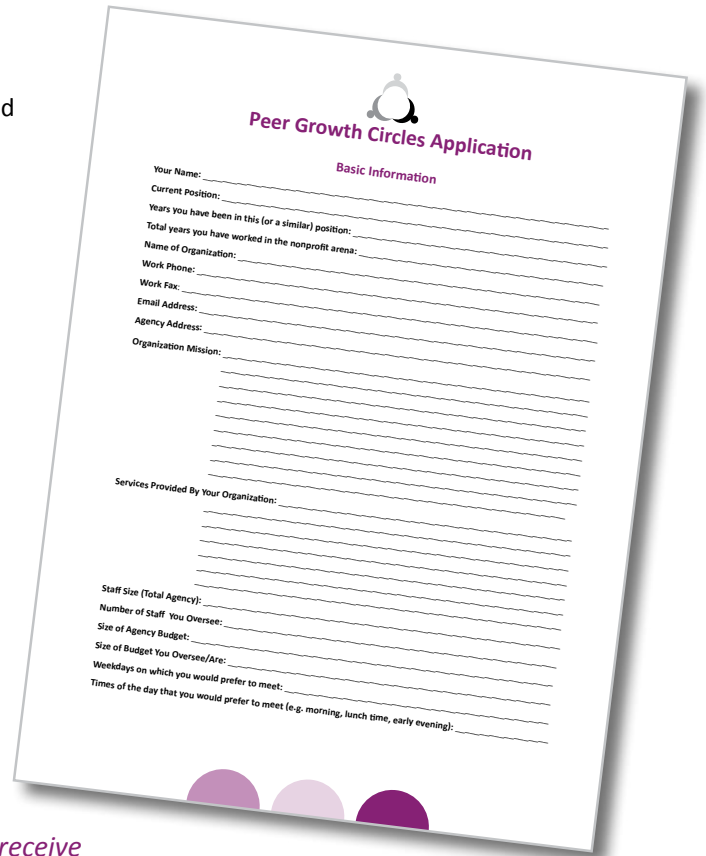
The information gathered from your application will be used to make the best possible match so that other members in your circle will be similar to you in:

- The position they hold within their organization
- The number of staff they oversee
- The budgets they are responsible for
- The years of experience they bring from the field
- Location of workplace (i.e. same county)

Once enough applications have been received from individuals with these complementary characteristics, we will disclose to each potential member the names of those they have been matched with—including the name of the facilitator. We want to ensure there are no conflicts of interests or other concerns that may impede the group process. Once everyone has expressed an interest in proceeding and has no concerns, the Nonprofit Resource Network (NRN) will coordinate the first meeting/orientation.

*I felt empowered and gained a renewed feeling of confidence. As a small nonprofit executive, I am the HR Director, Finance Director, Development Director, Resident Snow Shoveler and Donation Organizer. I often feel as if I am “flawed” because I just can’t handle it all and find it difficult to maintain balance. To receive the positive feedback and energy from the group really helped during a very difficult period in my tenure as Executive Director. The Circle gave me the opportunity to vent learn, breath, feel and grow.*

**Jennifer Powell**  
Executive Director, Claire House



The form is titled "Peer Growth Circles Application" and "Basic Information". It contains the following fields:

- Your Name: \_\_\_\_\_
- Current Position: \_\_\_\_\_
- Years you have been in this (or a similar) position: \_\_\_\_\_
- Total years you have worked in the nonprofit arena: \_\_\_\_\_
- Name of Organization: \_\_\_\_\_
- Work Phone: \_\_\_\_\_
- Work Fax: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Agency Address: \_\_\_\_\_
- Organization Mission: \_\_\_\_\_
- Services Provided By Your Organization: \_\_\_\_\_
- Staff Size (Total Agency): \_\_\_\_\_
- Number of Staff You Oversee: \_\_\_\_\_
- Size of Agency Budget: \_\_\_\_\_
- Size of Budget You Oversee/Are: \_\_\_\_\_
- Weekdays on which you would prefer to meet: \_\_\_\_\_
- Times of the day that you would prefer to meet (e.g. morning, lunch time, early evening): \_\_\_\_\_



Lancaster County  
**Community  
Foundation**

The programs and offerings of the NRN are made possible through the generous support of the Lancaster County Community Foundation.



# Peer Growth Circles Application

## Basic Information

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

Current Position: \_\_\_\_\_

Years you have been in this (or a similar) position: \_\_\_\_\_

Total years you have worked in the nonprofit arena: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_

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

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

Organization Mission: \_\_\_\_\_

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Services Provided By Your Organization: \_\_\_\_\_

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Staff Size (Total Agency): \_\_\_\_\_

Number of Staff You Oversee: \_\_\_\_\_

Size of Agency Budget: \_\_\_\_\_

Size of Budget You Oversee: \_\_\_\_\_

Weekdays on which you would prefer to meet: \_\_\_\_\_

Times of the day that you would prefer to meet (e.g. morning, lunch time, early evening): \_\_\_\_\_



## ADDITIONAL INFORMATION

Each group builds on each participant’s unique leadership skills through increased self-awareness, authentic expression and courage to take action on difficult issues. This is not group therapy—which has its place—but rather a place to gather expertise from colleagues to grow personally as a leader within your organization.

The following questions are designed to clarify your commitment to making your circle successful. They will also help us and your facilitator to understand your expectations and other professional activities that may bring additional expertise to the table.

1. What do you expect to gain from attending these sessions?
2. Are you serving on the boards of other nonprofit organizations? If so, please list below.
3. Are you currently employed by a nonprofit organization?
4. Are you willing to commit to meeting 10 times over the course of one year, including one orientation session and nine additional sessions? Each meeting will run approximately 3 hours.
5. Are you willing to openly evaluate your own skill set—to honestly identify areas of strength as well as areas for growth?

## PAYMENT INFORMATION

Peer Growth Circle participation includes: **a)** 1 Group Facilitator; **b)** Participant Binders and **c)** Refreshments for each meeting.

Because a “best match” may not occur for 6-12 months, you will not be billed for participation until a match has been made. Once a match has been confirmed, you will be invoiced according to the sliding scale below. At your request we will divide the cost into multiple payments.

<b>Agency Budget</b>	<b>Fee per Year</b>
<\$250,000 =	\$400
\$251,000 to \$500,000 =	\$450
\$501,000 to \$1M =	\$500
\$1M - \$3M =	\$550
\$3M - \$5M =	\$600
\$5 M > =	\$650
\$5 M to \$799,999	\$700

**Please submit completed application to:** Anne L. Gingerich

**Fax:** 717.871.2022

**Email:** [anne.gingerich@millersville.edu](mailto:anne.gingerich@millersville.edu)

### **Mailing Address:**

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GPS–Nonprofit Resource Network  
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