# **Project Management – Community of Practice**

## Application Form

The application is two (2) pages long. Please complete all questions. Print the document, then scan it and email it to the Project Management – Community of Practice mailbox: [pmcop@clark.edu](mailto:pmcop@clark.edu)

**DEADLINE FOR APPLICATION: Friday, October 12, 2018**

**FIRST MEETING: Wednesday, October 24, 2018 from 3:00 – 4:30pm**

Please tell us about your interest in and availability for the Project Management CoP.

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Department/Division |  |
| Phone extension |  |
| Email |  |
| Regular work hours |  |
|  |  |
| Direct Supervisor’s Name |  |
| Direct Supervisor’s Email |  |

Why do you want to participate in the PM – CoP?

What personal benefit(s) do you hope to gain from your participation in the PM – CoP?

Do you have opportunities to practice the knowledge you will gain from the CoP in your daily work environment? List one or two examples.

What benefits/skills/practices do you hope to pass on to or share with your coworkers and department?

Do you have any formal project management training or experience? If so, please list?

Are you able to attend monthly meetings at the Main Campus?

**Participant Agreement**

1. Obtain the signature of your direct supervisor on the application form. Communicate with your supervisor to ensure that you have their approval to participate in the Community of Practice during regular work hours.
2. Commit to attending all meetings scheduled during regular work time, approximately one each month from October through June.
3. Commit to preparing yourself and reading materials in advance of the meetings.
4. Attend meetings, events, and other activities as scheduled.
5. Be willing to venture outside your comfort zone, learn new things, and share this learning with others.

***I have read, understand, and will abide by these agreements.***

Name (PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name (PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facilitator Agreement**

1. We consider ourselves participants and fellow-learners in this Community of Practice and commit to planning, reading, and preparing ourselves to facilitate our work together.
2. We agree to provide information in a timely manner so that you can prepare for meetings..
3. We agree to support you as you learn new things and develop new skills.
4. We agree to be trustworthy and enthusiastic.
5. We agree to help develop and hold the group accountable to our working agreements.

