

Lindenwood University
Employee Resource Group - Application

Your name: _____

Email address: _____

Contact number: _____

Faculty/Sbe _____

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Please enter the name of the Employee Resource Group you would like to start.

What are the top 3 reasons you would like to start this group?

Who will be the Chair and Vice-Chair of the group if you have the names already? (We need to have at least one person committed to get started.)

How many people do you have that are already interested in joining? (There must be at least 5 people to start an ERG (Employee Resource Group))

Have you read and agree to the terms of the ERG By-Laws? Yes ____ or NO ____

Please email or fax this form to the Center for Diversity and Inclusion at vjoyner@lindenwood.edu. Valerie Joyner will contact you within 48 hours (about 2 days) to