



## Leadership Sierra Vista Application

**Instructions: Complete all parts of this form, sign and return by August 8, 2014.**

Applicant Information				
Full Name:				Date:
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:				
	<i>Street Address</i>		<i>Apartment/Unit #</i>	
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Home Phone:	( )	Home Email Address:		
Work Phone:	( )	Work Email Address:		

Education							
High School:			City & State:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
College:							
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		
Other:							
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:		

Employment History (List most recent first)			
Company:			Phone: ( )
Address:			Supervisor:
Job Title:			
Responsibilities:			
Company:			Phone: ( )
Address:			Supervisor:
Job Title:			
Responsibilities:			

**Please write legibly! Use additional sheet of paper if necessary.**

1.	<b>How does your current position relate to providing leadership to the Sierra Vista area?</b>
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2.	<b>What leadership roles do you hold outside of your workplace at this time (if any)?</b>
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3.	<b>What do you consider to be your most important civic contribution?</b>
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4.	<b>What is it about your volunteer and civic activities that you enjoy most?</b>
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5.	<b>If time was not an issue, how active in the community you would you be? In what areas would you be involved?</b>
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6.	<b>What do you feel are the three most significant problems facing the Sierra Vista area today?</b>
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7.	<b>What do you feel needs to be done to address one of these issues?</b>
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8.	<b>How does your participation in this program relate to your future in Sierra Vista?</b>
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9.	<b>What are the three most notable opportunities that Sierra Vista has to offer?</b>
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10.	What do you feel needs to be done to develop one of these?
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11.	What specific skills/knowledge do you hope to gain from participation in Leadership Sierra Vista?
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12.	Why do you think you're a good candidate for this program?
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<p><u>        </u> <b>Check</b> here if you wish to apply for a Scholarship. To be eligible you must be a Chamber member home based business or a sole proprietor in business in Sierra Vista for at least 2 years and able to commit to the programs schedule. If you are not chosen for the Scholarship, do you still want to be considered for this program? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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**For Your Employer – Please have your employer sign here, acknowledging your application to this program as well as the commitment it will require.**

Name

Title

Signature

Date

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### **Personal Recommendations**

*List two persons (with daytime phone numbers) other than your employer who are knowledgeable about your leadership performance and potential.*

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Name

Phone Number

Name

Phone Number

### **Tuition**

*Tuition for each participant is \$495.00 and is non-refundable. **Once selected**, payment is due by September 12, 2014.*

*Commitment:*

**I understand that I must attend ALL of the scheduled sessions and that the use of communication devices (e.g., cell phones, i-pads, laptop, etc.) will not be permitted during any session, including breaks and bus journeys.**

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Signature

Date