



PERSONAL DATA

Full Name _____ Preferred Name for Nametag _____

Home Address (Street, city, state, zip) _____

Home Phone _____ Cell Phone _____ Primary Email _____

The following is needed to ensure diversity in the class:

Male Female Racial and/or Ethnic Background _____ Date of Birth _____

EMPLOYMENT

Present Employeer _____

Employer’s Full Address _____

Title/Responsibility _____

Office Phone _____

Which category best describes the area in which you presently work/serve?

- Corporate/Large Business Government Education Finance Law
 Healthcare Small Business Community/NonProfit Religious Insurance
 Other _____

Employment History: List prior employment in reverse chronological order.

Table with 4 columns: Employer, Title/Responsibility, From, To. Includes horizontal lines for data entry.

EDUCATION

List schools, advanced degrees and/or specialized training.

Table with 4 columns: School, City/State, Degree/Major, Dates. Includes horizontal lines for data entry.

Special Awards, Honors: _____

COMMUNITY SERVICE

Organizations, Activities & Community Involvement

Organization	Title/Responsibility	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What do you consider to be your most important community service responsibility or accomplishment to date? _____

If you have previously not had time or interest to be actively involved, what conditions have changed that now enable you to seek community involvement? _____

COMMUNITY ISSUES

What do you view as the three greatest issues facing Jefferson County?

1. _____

2. _____

3. _____

Please state briefly why you wish to participate in the Leadership Jefferson County program?

Please state what you expect to gain from the Leadership Jefferson County program?

RECOMMENDATIONS

List two persons who are knowledgeable about your leadership performance and potential.

Name _____ Phone _____
Business/Organization _____ Email _____

Name _____ Phone _____
Business/Organization _____ Email _____

COMMITMENT

I understand the purpose of the Leadership Jefferson County program, its attendance requirements, and that the completion of this application does not guarantee my acceptance as a participant. If selected to participate, I will devote the time required. If accepted to participate in the Leadership Jefferson County program, I agree that the information contained on this application may be used for Leadership Jefferson County promotions, activities and projects, as deemed appropriate by the Leadership Jefferson County Advisory Board.

Applicants signature _____ Date _____

Employer Commitment

This candidate has my full support to participate in Leadership Jefferson County. I am aware of the time commitment involved in his/her participation.

Name _____ Title _____ Date _____

TUITION

If selected, payment will be made by each participant or sponsor. Payment of \$200.00 is due by December 31, 2017. Please make checks payable to: CFMJJC/Leadership

Completed applications must be received by October 31, 2017.

Email applications to: kellejh@cfmjc.org

Mail or drop off applications to: Community Foundation of Madison & Jefferson County

416 West Street, Suite B

P.O. Box 306

Madison, IN 47250

2018 PROGRAM DATES (Session Locations will Vary)

January 10 – Introduction & Orientation

January 24 – Nonprofits & Volunteerism

February 7 – Government Agencies & Organizations

February 21 – Education

March 7 – Business & Industry

March 21 – Healthcare

April 4 – Social Services

April 18 - History

May 2 - Tourism

May 16 – Culminating Group Task

TBD – End of Course Celebration