



PERSONAL DATA

Full Name _____ Preferred Name for Nametag _____

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

(Please indicate your primary phone number)

Home Phone _____ Cell Phone _____ Primary Email _____

The following is needed to ensure diversity in the class:

Gender _____ Racial and/or Ethnic Background _____ Age _____

EMPLOYMENT

Present Employer _____

Employer's Full Address _____

Title/Responsibility _____

Office Phone _____

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

If you chose Other, please explain: _____

Employment History: List prior employment in reverse chronological order.

Employer	Title/Responsibility	From	To

EDUCATION

List Schools, advanced degrees, and/or specialized training

School	City/State	Degree/Major	Year Completed

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 to date and why? (Please enter "N/A" below if this question does not apply to you.)

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? (Please enter "N/A" below if this question does not apply to you.)

PROGRAM INTEREST

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

How will you impact the community with what you learn from the Leadership Jefferson County program?

RECOMMENDATIONS

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

Name _____ Phone _____
Business/Organization _____ Email _____

Name _____ Phone _____
Business/Organization _____ Email _____

COMMITMENT

By signing my name below, I acknowledge that 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, by signing below, I UNDERSTAND THAT I AM EXPECTED TO ATTEND ALL 11 SESSIONS IN THEIR ENTIRETY. I further understand if I have more than two (2) absences for any reason, I will be unable to graduate from the program.** 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 Steering Committee.

Applicant signature _____ Date _____

Employer Commitment

This candidate has my full support to participate in Leadership Jefferson County. By signing my name below, I acknowledge that I am aware of the time commitment and attendance requirement involved in his/her participation in the program.

Name _____ Title _____ Date _____

TUITION

If selected, payment will be made by each participant or sponsor.

Payment of \$250.00 is due by December 31, 2023. Please make checks payable to: CFMJC/Leadership.

Partial tuition assistance is available. Would you / your employer like to request assistance? If you would like assistance with tuition, contact Bill Barnes at 812-274-0241.

Completed applications must be received by October 31, 2023.

Email applications to: kelleyh@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**

2024 PROGRAM DATES – All sessions will be held from 8am-1pm with lunch provided. Session locations will vary. (*session time is 8am-4pm)

From the list below, please state the dates on which you currently have a known conflict:

January 9* - Introduction & Orientation

March 26

January 16

April 9

January 30

April 23

February 13

May 7

February 27

May 21 - Graduation Luncheon

March 12