



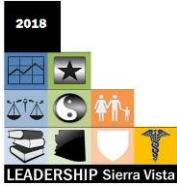
Leadership Sierra Vista Application

Instructions: Complete all parts of this form, sign and return.

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.	How does your current position relate to providing leadership to the Sierra Vista area?
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2.	What leadership roles do you hold outside of your workplace at this time (if any)?
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3.	What do you consider to be your most important civic contribution?
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4.	What is it about your volunteer and civic activities that you enjoy most?
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5.	If time was not an issue, how active in the community you would you be? In what areas would you be involved?
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6.	What do you feel are the three most significant problems facing the Sierra Vista area today?
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7.	What do you feel needs to be done to address one of these issues?
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8.	How does your participation in this program relate to your future in Sierra Vista?
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9.	What are the three most notable opportunities that Sierra Vista has to offer?
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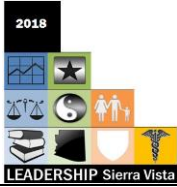


10.	What do you feel needs to be done to develop one of these?
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11.	What specific skills/knowledge do you hope to gain from participation in Leadership Sierra Vista?
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12.	Why do you think you're a good candidate for this program?
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Check 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? ___YES ___ NO

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

Personal Recommendations

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

Name

Phone Number

Name

Phone Number

Tuition

Tuition for each participant is \$495.00 and is non-refundable. Payment is due **once selected**.

Commitment:

I understand that I must attend **ALL** 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.

Signature

Date