

BATESVILLE

AREA LEADERSHIP PROGRAM

I. PERSONAL INFORMATION

NAME _____
(FIRST) (LAST) (PREFERENCE FOR NAME BADGE)

AGE _____ DATE OF BIRTH _____

COMPANY NAME _____

HOME MAILING ADDRESS

CELL NUMBER: _____ Alt: _____

EMAIL _____

TITLE (AS YOU WOULD LIKE IT PUBLISHED/BROADCASTED)

SPOUSE/PARTNER NAME _____

CHILDREN'S NAME(S)

SCHOOL (HIGH SCHOOL, COLLEGE, TRADE, ETC.), DATES ATTENDED, DEGREES OBTAINED

II. EMPLOYMENT

LENGTH OF EMPLOYMENT WITH CURRENT BUSINESS/ORGANIZATION _____

JOB DUTIES

PREVIOUS EMPLOYMENT (LIST EMPLOYER, PREVIOUS TITLE, LENGTH OF EMPLOYMENT AND REASON FOR LEAVING.)

III. ORGANIZATIONS AND ACTIVITIES

LIST COMMUNITY, CIVIC, PROFESSIONAL, RELIGIOUS, SOCIAL, ATHLETIC, AND OTHER ORGANIZATIONS OF WHICH YOU HAVE BEEN A MEMBER WITHIN THE PAST FIVE (5) YEARS (LIST IN ORDER OF PERSONAL VALUE).

ORGANIZATION	DATE	POSITION HELD/YOUR CONTRIBUTION

HOW MANY HOURS PER MONTH DO YOU CURRENTLY COMMIT TO COMMUNITY, CIVIC, PROFESSIONAL, AND OTHER ORGANIZATIONS/ACTIVITIES?

DESCRIBE YOUR PERSONALITY IN THREE (3) SENTENCES OR LESS, AND IDENTIFY YOUR HOBBIES.

WHY DID YOU APPLY FOR LEADERSHIP BATESVILLE?

IN YOUR OPINION, WHAT ARE THREE (3) OF THE GREATEST CHALLENGES FACING OUR COMMUNITY TODAY?

ARE YOU A REGISTERED VOTER IN INDEPENDENCE COUNTY? _____

LIST ANY OTHER INFORMATION YOU WOULD LIKE THE SELECTION COMMITTEE TO KNOW ABOUT YOU AND WHY YOU SHOULD BE CHOSEN FOR THE 2018 BATESVILLE AREA LEADERSHIP PROGRAM.

IV. REFERENCES

LIST TWO (2) REFERENCES IN THE COMMUNITY THAT THE SELECTION COMMITTEE COULD CONTACT FOR ADDITIONAL INFORMATION. LIST NAME, TITLE, BUSINESS NAME, EMAIL ADDRESS AND PHONE NUMBER.

DO YOU HAVE THE FULL SUPPORT OF YOUR EMPLOYER TO MEET THE TIME REQUIREMENTS OF THE PROGRAM? _____

V. COMMITMENT STATEMENT

- I WISH TO PARTICIPATE IN BATESVILLE AREA LEADERSHIP PROGRAM, CLASS OF 2018.
- I HAVE THE SUPPORT OF MY EMPLOYER TO PARTICIPATE IN THE PROGRAM.
- IF SELECTED, THE \$500.00 TUITION FEE WILL BE PAID BEFORE MAY 1, 2018.
- I UNDERSTAND THAT IF I EXCEED THE TWO ABSENCE ALLOWANCES, I WILL BE EXCUSED FROM THE PROGRAM.
- I UNDERSTAND THE ATTENDANCE POLICY AND UNDERSTAND REFUNDS WILL NOT BE ISSUED.
- I UNDERSTAND THAT I MUST NOT BE AN ANNOUNCED CANDIDATE FOR PUBLIC OFFICE AT THE TIME OF ACCEPTANCE.
- I AM WILLING TO MAKE A TIME COMMITMENT TO ATTEND THE OVERNIGHT RETREAT AND THE OUT-OF-TOWN SESSIONS.

I HAVE READ AND UNDERSTAND THE ABOVE COMMITMENT STATEMENT AND WILL COMPLY IF SELECTED FOR THE PROGRAM. THE INFORMATION SUBMITTED WITH THE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

EMPLOYER SIGNATURE _____ DATE _____

THE BATESVILLE AREA LEADERSHIP PROGRAM SELECTION COMMITTEE WILL SELECT PARTICIPANTS BASED ON A COMPARATIVE QUALIFICATION ASSESSMENT WITHIN THE COMPLETE ROSTER OF APPLICANTS. THE INTENT OF THE SELECTION PROCESS IS TO IDENTIFY THE MOST QUALIFIED CANDIDATES REPRESENTING A CROSS-SECTION OF INTERESTS WITHIN THE COMMUNITY. A PHOTO MUST ACCOMPANY THE APPLICATION. EMAIL PHOTO AND APPLICATION TO Crystal.Johnson@batesvilleareachamber.com, BY APRIL 2, 2018.