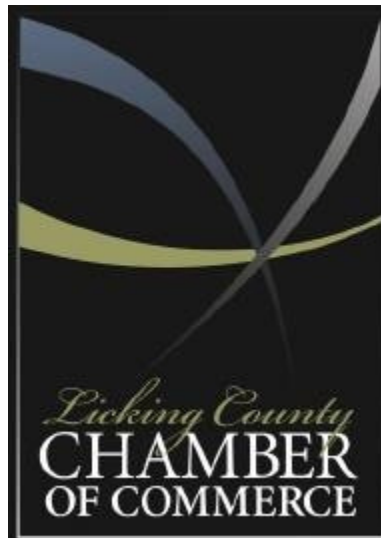


Community Leadership of Licking County

2010-2011

An Affiliate of the Licking County Chamber of Commerce



Community Leadership of Licking County

MISSION STATEMENT

The mission of Community Leadership of Licking County is to identify and develop leaders who will strengthen our community through active engagement.

APPLICATION

PURPOSE OF THE PROGRAM

- Strengthen individual leadership skills.
- Expand knowledge of community challenges and opportunities.
- Create a county-wide leadership network of current and former participants.

PARTICIPANT PROFILE

- "Emerging Leaders" who wish to expand their knowledge of the community and develop additional leadership skills.
- "Volunteer Leaders" who wish to build their community networks.
- "Established Leaders" who wish to renew their commitment to community stewardship and are interested in a more active role in Licking County communities.
- Anyone interested in improving the quality of life in Licking County who are civic minded and interested in making Licking County a better place to live.

Community Leadership participants should reflect the community which it serves. We are committed to achieving diversity in all classes. We actively seek people from different ethnic, religious, and cultural background. Women, minority candidates, and individuals from the private, public service and nonprofit sectors are all encouraged to apply.

CLASS SESSIONS

- One day per month, September through May
- Nine sessions from 8:30 a.m. – 4:00 p.m.
- Locations will vary according to scheduled events and speakers.
- Variety of established community leaders, experts in their fields, presenting panel discussions, field trips, lectures and hands on workshops to explore the issues, challenges, and opportunities facing the people of Licking County.
- Development of leadership skills
- Development of a class project as determined by class members.

CRITERIA FOR SELECTION

- A sincere desire to serve the Licking County communities
- Those holding key volunteer leadership roles in civic/public groups
- Those with opportunities for advancement to top leadership positions within their own organizations which, in turn, may play a significant role in the community.
- Commitment to attend all nine class sessions and any assignments.

COST

The Community Leadership program costs \$600. In order to achieve the most diverse representation possible from all segments of the county, the Chamber has provided a limited number of scholarships to support individuals without corporate sponsorship. To apply, complete the form on the following pages and forward it to the address below.

The class size is limited. Applications are accepted on a first come, first served basis. We suggest you apply at the earliest possible date. **Application deadline is August 1, 2010. All approved applicants will be notified by August 16, 2010.**

Licking County Chamber of Commerce, P.O. Box 702, Newark, OH 43058-0702

1. Personal Information

Name: Last, _____ First _____ Middle _____

Employer _____ Position/Title _____

Business Address _____ City _____ Zip Code _____

Business Phone _____ Business Fax _____ Business e-mail _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Home Fax _____ Home e-mail _____

Emergency Contact _____ Contact's Daytime Phone _____ Contact's Evening Phone _____

_____ Female __ Male __

Years residing in county _____ Years employed in county _____ Date of birth _____

Food Allergies / Restrictions _____

Preferred e-mail for communications from Community Leadership of Licking County (check one) __Work __Home

How did you hear about this program? _____

2. Employment Information (if applicable)

Length of time in current position _____ Type of organization _____

Briefly describe your work responsibilities: _____

Listing of positions held (including active military duty) ending with most recent:

Employer	Title/Responsibility	Dates (from-to)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Educational Background – Starting with the most recent first, please list all schools attended and other specialized training:

School / Location	Dates (from-to)	Degree/Training/Diploma
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extracurricular Activities, Special Honors, Awards _____

4. Organizations/Activities - List the civic, social, professional, religious, athletic, or other organizations of which you are or have been a member.

Organizations / Location	Dates (from-to)	Responsibilities

If none, what factors have changed that now enable you to seek involvement?

What would you consider your most important accomplishment in *one* of the above organizations?

Special awards, honors or recognition received (educational, business, professional, civic, others):

What kinds of community or volunteer activities would you like to become involved with in the future?

5. References

List the names of two business and/or personal references whom we may contact.

Name	Address	Phone	Relationship

6. Tuition/Costs – Tuition Grant Policy

The tuition for the nine-month program is \$600.00 per participant. Payment of tuition in full is required prior to the first session. The Chamber will bill you or your company once the application is accepted.

Tuition grants are available through grants awarded to Community Leadership of Licking County. Those requesting tuition grants should call the Chamber at 740-345-9757 ext. 5.

Appropriate consideration of financial need will be based on:

- Participant’s individual ability to pay
- Participant’s employment status
- Financial resources of participant’s employer
- Size of participant’s employer
- Expected value of participant to the program

The Chamber reserves the right to:

- Approve or reject any tuition grant request
- Limit the amount of monies available for tuition grants based on available financial resources
- Revise the tuition grant guidelines at any time without notice

Who will pay your tuition? (Check one) Self Sponsoring Organization Other

\$_____ of the tuition will be paid by my sponsor _____ and \$_____ will be paid by me.

If tuition is paid by someone other than the candidate, financial sponsor must complete the following:

I agree to pay \$ _____ of the Community Leadership of Licking County tuition for the above applicant if the applicant is accepted into the program. I understand that if the applicant withdraws from the program for any reason after September 1, 2010 the tuition is non-refundable.

Please initial after reading the above information. **Applicant** _____ **Sponsor** _____

Financial sponsor name (please type or print) _____

Signature _____

Title _____ **Organization** _____

7. Participation/Commitment

Community Leadership requires a serious commitment of time and energy. Applicants must be able to fulfill the attendance requirements. Full participation of each individual is necessary, and attendance at each session is expected. Because emergencies or business needs may arise, a participant may miss one class session.

- Participation in the opening session is mandatory.
- It is expected that graduates will lend their time, talent, expertise and leadership to local community, boards and organizations when needed and called upon.
- Graduates also have a responsibility to ensure the perpetuation of leadership in the community, and therefore, it is expected that they will support the work of Community Leadership of Licking County.

Sessions: Please schedule the following dates on your calendar:

Friday, September 17, 2010	Friday, February 18, 2011
Friday, October 15, 2010	Friday, March 18, 2011
Friday, November 19, 2010	Friday, April 15, 2011
Friday, December 17, 2010	Friday, May 20, 2011 - Graduation
Friday, January 21, 2011	

Will you be able and willing to fulfill this commitment? Yes No

8. Memorandum of Understanding

I understand the purpose of the Community Leadership program and that completion of this application does not assure a candidates acceptance into the class. Applications will be accepted until the class is filled. The candidate and the employer acknowledge that they have read this prospectus and application and understand the time and financial commitments necessary to complete the program.

Signature of Candidate

Signature of Employer

Date: _____

Date: _____

For information or questions, please contact Cheri Hottinger, Licking County Chamber of Commerce, 740.345.9757 ext. 5 or chottinger@lickingcountychamber.com