



APPLICATION FOR THE COMMUNITY LEADERSHIP ACADEMY

37 Years of Building Community, One Leader at a Time

Name: _____

Home Address: _____

City/State/Zip: _____ Phone: _____

Business: _____

Title/Responsibility: _____

Business Address: _____

City/State/Zip: _____ Phone: _____

Bus. Email: _____ Pers. Email: _____

Education *(College, Business or other Specialized Training)*

<u>School</u>	<u>Location</u>	<u>Years (from-to)</u>	<u>Degree</u>	<u>Major</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment *(Past 10 years beginning with present position)*

<u>Employer</u>	<u>Position</u>	<u>Years (from-to)</u>	<u>City/State</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Commitment

Will you, after graduation, actively apply your leadership training in the Clark County area by community-service volunteer work, or by memberships on Clark County area community service organizations' boards and committees?

- No
 Probably
 Definitely

Affiliations *(Please list professional, business, civic, social, and religious affiliations you now hold or have held in the past.)*

<u>Organization</u>	<u>Dates of Membership</u>	<u>Official Positions</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How long have you lived in Springfield/Clark County? _____

How would you describe your present knowledge of community affairs?

Excellent *Good* *Fair* *Poor*

How would you describe your current involvement in community affairs?

Excellent *Good* *Fair* *Poor*

What, in your opinion, are the assets our community has to offer?

What, in your opinion, are the most pressing issues facing our community?

Realizing that your interests may change after you complete the program, what are the areas in which you would presently like to become involved?

Explain briefly what you hope to gain from your participation in the Community Leadership Academy. *You may use a separate sheet if you wish more room.*

The Academy Commitment

I agree to attend Community Leadership Academy sessions and to successfully complete my leadership project. I understand that if I miss more than 2 sessions, I will not graduate with my class but will have the opportunity to make up the missed sessions the following academy year and graduate with that class.

Signature & Date _____

Employer Commitment

I support my employee's attendance and participation in the Community Leadership Academy.

Signature & Title of Employer _____

Return completed application by July 29th with a non-refundable application fee of \$35 to:
Leadership Clark County, P.O. Box 1565 Springfield, Ohio 45501

For more information, please contact us at (937) 460-7782 or info@leadershipclarkcounty.org

No person is excluded from participation in, or denied the benefits of, programs of the Community Leadership Academy on grounds of race, color, religion, national origin, sex, sexual preference, age, disability, or political affiliation.