

# LEADERSHIP DANBURY

PRESENTED BY THE GREATER DANBURY CHAMBER OF COMMERCE

## CANDIDATE APPLICATION FORM

Applicant's Name

Business Mailing Address

City, State, Zip Code

Sponsor

Date Submitted

Candidacy is open to individuals of voting age regardless of race, creed, sex, philosophy, disability or employment status.

Applicants must have a commitment to the program either as a resident or representative of a locally based business or organization.

This written application plays a major role in the selection of participants so please respond to each question in the space provided below. Only attachments requested will be accepted. All applications will be kept confidential.

## PERSONAL DATA

(Please Type or Print Clearly)

Full Name \_\_\_\_\_ AKA/Nickname \_\_\_\_\_  
First, Middle, Last

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Home Telephone \_\_\_\_\_ Home Email: \_\_\_\_\_

Employment

Present Employer \_\_\_\_\_

Title \_\_\_\_\_

Business Address \_\_\_\_\_  
Street Address and P.O. Box Number

City

State

Zip Code

Business Telephone \_\_\_\_\_

Business Fax Number \_\_\_\_\_

Business Email \_\_\_\_\_

Type of Business \_\_\_\_\_

List any elected or appointed local, state, or federal government position you have held:

<u>Jurisdiction</u>	<u>Dates of Service</u>	<u>Position</u>

In which of the community activities listed below do you have leadership interest? (Check one or more)

- \_\_\_\_\_ Elective public service
- \_\_\_\_\_ Appointed public service
- \_\_\_\_\_ Service on the Board of Directors of community organizations (e.g. Chamber of Commerce, United Way, civic clubs, special community study commissions, human service agencies, etc.)

In which of the general community issues listed below do you have a strong interest? (Check one or more)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Local Government                   | <input checked="" type="checkbox"/> Sports and Recreations      |
| <input checked="" type="checkbox"/> Community Planning and Development | <input checked="" type="checkbox"/> Employment                  |
| <input checked="" type="checkbox"/> Urban Redevelopment                | <input checked="" type="checkbox"/> Health and Medical Services |
| <input checked="" type="checkbox"/> Economic Growth and Development    | <input checked="" type="checkbox"/> Education                   |
| <input checked="" type="checkbox"/> Transportation                     | <input checked="" type="checkbox"/> Human Services              |
| <input checked="" type="checkbox"/> Public Safety and Justice          | <input checked="" type="checkbox"/> Minority Concerns           |
| <input checked="" type="checkbox"/> Environmental Quality              | <input checked="" type="checkbox"/> Fundraising Writing         |
| <input checked="" type="checkbox"/> Housing                            | <input checked="" type="checkbox"/> Other (please specify)      |
| <input checked="" type="checkbox"/> Arts and Culture                   | <input checked="" type="checkbox"/> _____                       |

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## ORGANIZATIONS, ACTIVITIES, AND COMMUNITY INVOLVEMENTS

In order of their importance to you, list any civic, professional, religious, and other organizations in which you have been actively involved in during the past three years:

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# PARTICIPATION, COMMITMENT

As a Leadership Program participant, you will be expected to attend one (1) full-day community leadership workshop each month for nine (9) months.

Will you be able to fulfill this time commitment?\_\_\_\_\_

Do you have the full support of your employer or business associates to participate in this Leadership Program?\_\_\_\_\_

In the event you are unable to attend one (or more than two) Leadership Program workshops, please name an alternate to attend for you. NOTE: You may provide your alternate's name anytime prior to the first class session.

Alternate's Name \_\_\_\_\_  
First Middle Last

Alternate's Address \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Alternate's Work Telephone \_\_\_\_\_

I agree, barring emergencies, to attend each and every session of the Leadership Program. In the event I am unable to attend a Leadership Program session, I will make every effort to arrange for my alternate to attend that session. I understand that should I not be selected as a participant, my tuition fee will be promptly refunded. I also acknowledge that my full tuition is due and payable prior to the first class session. Tuition is not refundable after acceptance.

\_\_\_\_\_  
Applicant's Signature Date

Leadership Program participants must have the support and commitment of their employers or sponsoring business or organization. The signature of the employer or sponsor is necessary as an indication of support for the applicant's participation in the Leadership Program.

\_\_\_\_\_  
Employer's/Sponsor's Signature Date

\_\_\_\_\_  
Please Type or Print Employer's/Sponsor's Name and Title

**RETURN TO:**  
LEADERSHIP DANBURY  
Greater Danbury Chamber of Commerce  
39 West Street  
Danbury, CT 06810

