

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"/> _____

Please list your educational accomplishments. Begin with the highest degree diploma you have earned and work back to high school.

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:

Organization

Date of Membership

Official Position Held

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

