

LEADERSHIP WAXAHACHIE

**CONFIDENTIAL APPLICATION
2011**

<p>APPLICANT CHECKLIST</p> <input type="checkbox"/> Completed Application with appropriate signatures(4 pages only)	<p>OFFICE CHECKLIST</p> <input type="checkbox"/> Completed Application with appropriate signatures
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INSTRUCTIONS:

The following are imperative for an application's acceptance:

- Application should be neatly typed. Computer generated applications must use the same format. If you'd like an application via e-mail, please send this request to lynn.pike@navarrocollege.edu. **Do not use additional pages or attach resumes or other documents.**
- Completed application with appropriate signatures, reference forms, are **due no later than 5:00 p.m., Monday, July 11, 2011.**

GENERAL INFORMATION:

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> ____	Last Name:	First Name:	Middle Initial:	First & Last Name for Nametag:
Home Address:				Length of Residence in Ellis County area:
City:	State:	Zip:	Home Phone:	
E-mail:	Office Phone:		Office Fax:	
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Person with Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell phone:	
Ethnic Background:	<input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Anglo <input type="checkbox"/> Asian American	<input type="checkbox"/> Hispanic American	
Previous Applicant? <input type="checkbox"/> No <input type="checkbox"/> Yes, when?		Preferred Mailing Address: <input type="checkbox"/> Business <input type="checkbox"/> Home		

EMPLOYMENT:

Present Employer:	Waxahachie Chamber Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Title or Responsibility:	Length of Time with Employer:		
Business Address:	City:	State:	Zip:
Number of Employees: <input type="checkbox"/> More than 250 employees <input type="checkbox"/> 50 – 250 employees <input type="checkbox"/> Less than 50 employees			

Type of Business:

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Advertising/Marketing/PR | <input type="checkbox"/> Law: Practice |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Arts/Entertainment/Media | <input type="checkbox"/> Non Profit |
| <input type="checkbox"/> Banking/Financial Services | <input type="checkbox"/> Oil & Gas |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Real Estate/Development |
| <input type="checkbox"/> Community Volunteer | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Distribution/Logistics | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Other: (please specify): |
| <input type="checkbox"/> Foundations | |
| <input type="checkbox"/> Private/Community | |
| <input type="checkbox"/> Government | |

EDUCATIONAL BACKGROUND:

School/University:	City, State:	Dates (from-to):	Degree:	Major:

PROFESSIONAL & OCCUPATIONAL ACTIVITIES:

1. Organization: Responsibility:	Dates of Participation:	Position:
2. Organization: Responsibility:	Dates of Participation:	Position:

VOLUNTARY COMMUNITY ACTIVITIES:

List the key non-professional activities (charity, religious, school involvement, task forces or commissions) in which you have been an active participant in Waxahachie or other cities in which you have lived.

1. Organization: Responsibility:	Dates of Participation:	Position:
2. Organization: Responsibility:	Dates of Participation:	Position:
3. Organization: Responsibility:	Dates of Participation:	Position:
4. Organization: Responsibility:	Dates of Participation:	Position:
5. Organization: Responsibility:	Dates of Participation:	Position:
6. Organization: Responsibility:	Dates of Participation:	Position:

In an average month, approximately how many hours are spent on voluntary community activities? _____ hours

SPECIAL HONORS/AWARDS:

GENERAL:

Please answer in the space provided limiting each response to 100 words or less. **No attachments please.** Additional pages will not be given to the Selection Committee.

I. What do you consider to be your most significant professional or community contribution? Briefly explain why you consider it to be significant.

II. What do you consider the most significant issue facing the Waxahachie area today? Briefly describe how you could help influence this issue in the next five years.

III. Why should you be selected for Leadership Waxahachie?

IV. What do you hope to gain from participation in Leadership Waxahachie?

COMMITMENT:

The Leadership Waxahachie program requires a significant commitment of time and energy. Participation involves an overnight Orientation Retreat in September, one full-day session per month from October to June, preliminary assignments for each of the sessions, a class project and curriculum committee meetings. Applicants must be able to fulfill program attendance requirements in order to graduate.

- The date for the Orientation Retreat is to be announced. Full participation at the retreat is mandatory, no exceptions. If selected, can you commit to this date? Yes No
- Attendance at subsequent sessions that will be held one full day of each month beginning in September and continuing through May. If selected, can you commit to the nine full-day sessions? Yes No
- Nominees for Leadership Waxahachie must have the support of their sponsoring business or organization. **The employer must sign this form to indicate their support of the nominee's participation in the program.**

I understand the goals and commitment of the Leadership Waxahachie program and the attendance requirements. If selected, I will fulfill all obligations outlined in this application and will pay my tuition upon acceptance. I acknowledge that I have completed the foregoing application and that all the information contained herein is true and correct. I hereby give Leadership Waxahachie the right to make inquiries regarding the information provided on this application form.

Employer's Signature:	Date:
Employer Name (please type/print):	Title:
Sponsor/Company Name:	
Applicant's Signature:	Date:

DELIVERY INSTRUCTIONS & DEADLINE: Mail or deliver completed applications to:

LEADERSHIP WAXAHACHIE
Waxahachie Chamber of Commerce
102 YMCA Dr.
Waxahachie, TX 75165

Phone: 972-923-6439 E-mail: lynn.pike@navarrocollege.edu
Application Deadline: No later than 5:00 p.m. on Monday, July 11, 2011