

Leadership Vallejo

427 York Street . Vallejo, CA 94590
707.644.5551 . Fax 707. 644.5590 . www.leadershipvallejo.org

Developing Community Leaders

APPLICATION

Deadline: MAY 15, 2009

MISSION STATEMENT:

Leadership Association of Vallejo is a personal development program designed to motivate participants to develop and enhance the quality of their leadership skills. Graduates will be equipped to effectively identify the needs of Vallejo and address them via positive community involvement.

Based on this initial application, a certain number of candidates will then be selected to participate in an oral interview process. After the oral interview process, individuals will be selected to participate in the upcoming class.

You may provide responses directly on the application form, and/or attach additional sheets to your application. Responses are to be limited to 1/2 page (8-1/2 x 11) in length per question.

1. RESIDENCE

Name _____
(Last) (First) (Middle)

What name or nickname do you use? _____

Home Address _____
(Street) (City) (Zip)

Home Phone _____ Fax _____

Email _____ Cell Phone _____

2. EMPLOYMENT

Present Employer or Business Name _____ Hire Date _____

Business Address _____
(Street) (City) (Zip)

Telephone _____ Fax _____ Email _____

Type of Business: _____ Position/Title _____

A. Briefly Describe Your Responsibilities:

B. Previous Employment

Employer _____

Title or Responsibilities _____

Location _____

From/To Dates _____

3. EDUCATION Some College AA Baccalaureate Masters

A. Name and City of College _____

Dates _____ Degree _____

Major _____

B. Apprenticeship or Certificate Program Completed _____

Dates _____ Certificate _____

4. ORGANIZATIONS/ACTIVITIES/COMMUNITY INVOLVEMENT

A. Please list, in order of importance to you, three community, civic, professional, business, religious, social, athletic, and/or other organizations in which you have participated. Please describe the nature of your participation, responsibilities, accomplishments, and awards/recognition you received.

1. Name of Organization _____

Dates of Involvement _____

Highest Position Held _____ Elected by Group Appointed

Describe: _____

2. Name of Organization _____

Dates of Involvement _____

Highest Position Held _____ Elected by Group Appointed

Describe: _____

3. Name of Organization _____

Dates of Involvement _____

Highest Position Held _____ Elected by Group Appointed

Describe: _____

B. If you have not participated in community activities, what conditions have changed that now enable you to seek involvement in the community and in what specific activities will you seek involvement?

C. Describe how you believe your participation in the Leadership Association of Vallejo Program will enhance your ability to become personally involved in activities and/or organizations in Vallejo. Please explain:

D. Years you have lived/worked in Vallejo _____? Do you expect to be living in and actively involved in the Vallejo area in 5 years? Explain in detail as to why you see yourself actively involved, in what areas, and why in the Vallejo area?

5. GENERAL

A. Describe any other community activities which exhibit your service in Vallejo.

B. In your judgment what are two pressing problems facing the Vallejo area today and why?

C. What do you hope to gain through your participating in Leadership Association of Vallejo that may not have been addressed in the previous questions?

6. REFERENCES

Please provide the names of three current business and/or personal references that can be contacted by the Selection Committee.

1. Name _____

Address _____

Phone _____

2. Name _____

Address _____

Phone _____

3. Name _____

Address _____

Phone _____

7. TUITION

Tuition in the amount of \$1150 is non-refundable. A personal financial commitment of \$150 is required; the balance of the fee may be paid by any club, organization, business, employer, or the participant. One-half of the Leadership Vallejo tuition is due prior to the first day of the program. The balance is due in full by December 31, and can be paid in installments.

Please indicate how your tuition balance will be paid: Employer Participant Other

Other (Please specify) _____

8. FINANCIAL AID APPLICATION

I would like to apply for financial aid. Yes No

9. SIGNATURES

Full participation in this program is critical. If selected, I make a commitment to meet all time, financial, and participatory requirements of the program.

Signature _____ Date _____

I understand the importance of full participation of the applicant, and if he/she is selected to participate, then I, as the Employer, will provide release time from work and will help him/her meet the requirements.

_____ Date _____

(Employer's Signature, if not self-employed)

Mail to:
Leadership Association of Vallejo
c/o Vallejo Chamber of Commerce
427 York Street, Vallejo, CA 94590