



**Brown County Leadership Development Program
2008 Application Form**

(Please print or type. Use additional sheets if necessary and clearly indicate your name on all pages)

APPLICANT PERSONAL DATA

LAST NAME _____ FIRST NAME _____

TITLE _____ COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____ FAX _____

E-MAIL ADDRESS _____

HOME ADDRESS _____ SUITE/APARTMENT _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

DO YOU LIVE IN BROWN COUNTY YES NO DO YOU LIVE IN BROWN COUNTY YES NO

EDUCATION – PLEASE MARK HIGHEST LEVEL COMPLETED

- | | |
|--|--|
| <input type="checkbox"/> High School Diploma/GED | <input type="checkbox"/> Associates Degree |
| <input type="checkbox"/> Some College, No Degree | <input type="checkbox"/> Bachelors Degree: _____ |
| <input type="checkbox"/> Professional License or Certification | <input type="checkbox"/> Masters Degree |

PLEASE INCLUDE A COPY OF YOUR CURRENT RESUME THAT INCLUDES THE FOLLOWING:

- EDUCATION & EMPLOYMENT HISTORY (INCLUDE SUMMARY OF JOB RESPONSIBILITIES)
- DIPLOMAS, CERTIFICATIONS AND LICENSES EARNED
- CIVIC AND COMMUNITY INVOLVMENT

EXPECTATIONS

WHAT DO YOU HOPE TO GAIN THROUGH PARTICIPATION IN THE LEAD PROGRAM?

HOW DO YOU FEEL YOU CAN CONTRIBUTE TO THE LEAD PROGRAM?

IN YOUR OPINION, WHAT IS THE MOST PRESSING ISSUE, CHALLENGE OR PROBLEM FACING BROWN COUNTY?

PLEASE RANK YOUR KNOWLEDGE/EXPERIENCE IN THE FOLLOWING AREAS OF MANAGEMENT:

	LOW	SOME	HIGH	SPECIAL SKILLS
COMMUNICATIONS/MARKETING	_____	_____	_____	_____
PLANNING/PROBLEM SOLVING	_____	_____	_____	_____
LOCAL HISTORY	_____	_____	_____	_____
FUNDRAISING/GRANT WRITING	_____	_____	_____	_____
BANKING/FINANCE	_____	_____	_____	_____
LOCAL BUSINESS/INDUSTRY	_____	_____	_____	_____
LOCAL GOVERNMENT	_____	_____	_____	_____
LOCAL SCHOOLS	_____	_____	_____	_____
PUBLIC SCHOOLS	_____	_____	_____	_____
HEALTHCARE	_____	_____	_____	_____

ORGANIZATIONAL ENDORSEMENT

YOUR PARTICIPATION IN THE LEAD PROGRAM *MUST* BE ENDORSED BY YOUR EMPLOYER. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PROFESSIONAL REFERENCE. LEAVE BLANK IF SELF EMPLOYED.

NAME _____
TITLE/POSITION _____ COMPANY _____
BUSINESS PHONE _____ FAX _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____

*PLEASE INCLUDE A LETTER OF REFERENCE OR WRITTEN RECOMMENDATION FROM YOUR EMPLOYER OR A COMMUNITY LEADER

ORGANIZATION AND APPLICANT AGREEMENT: IT IS UNDERSTOOD THAT UPON APPLICATION ACCEPTANCE. THE ENTIRE FEE IS PAYABLE UPON BILLING. FIFTY PERCENT (50%) OF THE TOTAL TUITION WILL BE ASSESSED FOR CANCELTION LESS THAN TEN DAYS PRIOR TO START OF THE PROGRAM. NO REFUND WILL BE MADE FOR PARTIAL PARTICIPATION. TO ENSURE FULL VALUE TO THE PARTICIPANT AND SPONSORING ORGANIZATION, EACH PARTICIPANT MUST ATTEND ALL SESSIONS IN ORDER TO COMPLETE THE PROGRAM SUCCESSFULLY. IT FURTHER UNDERSTOOD THAT DURING ATTENDANCE AT THE LEAD PROGRAM THE PARTICIPANT WILL BE FREE OF OTHER DUTIES AND WILL NOT BE REQUIRED TO LEAVE. ACCEPT IN EMERGENCY SITUATIONS. I HAVE READ AND AGREE TO ABIDE BY THE ORGANIZATION AND APPLICANT AGREEMENT.

SIGNATURE OF APPLICANT _____ DATE _____

Brown County Chamber of Commerce
110 E. State Street
Georgetown, Ohio 45121
Phone: (937) 378-4784 Fax: (937) 378-1634

If you need assistance with creating a resume please contact one of these organizations:

1 Stop Employment Center, 200 S. Green St. Georgetown, Ohio 45121
Phone: 1-800-233-7891 web site: <http://www.abet.org>

Southern State Community College Pre-Employment Training Center
12681 State Route 62, Sardinia, Ohio 45171
Phone: 1-800-334-6619 web site: <http://www.sccc.edu>