

EMPLOYMENT

Account for all periods including military service.

Present Employer _____ Date began _____

Present Title _____ Since Date _____

Previous Employment: (Last five years)

COMPANY/LOCATION	POSITION	DATES (FROM – TO)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Discuss what leadership responsibilities you had in your previous employment.

Discuss what leadership responsibilities you have in your present position of employment.

Attendance at each of the 9 monthly sessions is important. Each session has a different focus, and the networking opportunities, information and experiences are not repeated. **To graduate**, a participant **must attend 7 of 9 sessions** - all of the 2-day, 1-night Orientation session and an additional 6 of the 8 remaining sessions. Attendance is taken throughout the day. A proportional absence is recorded if, for example, a participant leaves during part of the day or leaves a session early. Can you commit the time required for you to participate effectively in the Leadership Program? _____

EXPECTATIONS & GOALS

The goal of LEADERSHIP ABILENE is to provide information and education about the diversity of this community, its strengths, weaknesses, resources and challenges. What specific expectations do you have for this program?

What are your goals for future involvement in the community?

ORGANIZATIONS AND ACTIVITIES

List key community, civic, professional, business, religious, social, and other organizations of which you have been a member and/or leader, in order of their value to you. (Attach additional page if necessary.)

ORGANIZATION	DATE	LEADERSHIP POSITIONS
<hr/>	<hr/>	<hr/>
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How many hours per month are you currently committing to the activities of community, civic, professional, business, religious, social and other organizations?

Have you been as involved in these activities as you would like to be? _____

If not, what have been major barriers to your involvement? _____

In your judgment, what are the three most pressing issues facing our community today? Give your recommendations for approaching and/or resolving these. (Attach extra page if necessary.)

A. _____

B. _____

C. _____

Please list three individuals as references. Do not enclose letters of reference.

NAME	ADDRESS	TELEPHONE
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PROGRAM INFORMATION

ANTICIPATED 2009-2010 SESSION DATES - ORDINARILY the 2ND THURSDAYS MONTHLY

Thursday & Friday	September 10 & 11, 2009	Overnight Orientation
Thursday	October 8, 2009	City/County Government Program
Thursday	November 12, 2009	Economy Program
Thursday	December 10, 2009	Quality of Life Program
Thursday	January 14, 2010	Education Program
Wednesday & Thursday	February 11 & 12, 2010	Overnight State Government/Austin Trip
*Thursday	March 11, 2010	Dyess Air Force Base
Thursday	April 8, 2010	Health Program
Thursday	May 13, 2010	Leadership Training/Graduation Ceremony

**The Dyess date could change depending upon DAFB scheduling.*

APPLICATION DEADLINE: MONDAY, AUGUST 3, 2009
Return completed application to: LEADERSHIP ABILENE 2010
Abilene Chamber of Commerce
P O Box 2281, Abilene, TX 79604

Applications must be postmarked by the deadline or personally delivered to the Abilene Chamber of Commerce office at 174 Cypress St., Suite 200. Chamber office hours are Monday – Friday from 8:30 a.m. to 5:00 p.m.

Applicants will be notified of participation no later than August 21, 2009.

TUITION: Do not send any tuition payment and/or deposit with application. The tuition for participants of Chamber member organizations is \$725. Tuition for non-member participants is \$925. The tuition is payable in full on or before September 4, 2009 (*payment options may be available*). Please provide the name of the company, organization, or individual responsible for your tuition fee:

Do you request a scholarship? _____ Some partial scholarships may be available each year. Please attach an additional page outlining your requirements for a scholarship, the circumstances dictating your request, and your willingness to repay the scholarship at a later date financially or by service.

SIGNATURES

I understand that if I am selected to participate in Leadership Abilene I am expected to attend all nine sessions. I understand that I **must** attend all of the Overnight Orientation session and a minimum of seven of the nine sessions to graduate. I am aware that I will be encouraged to participate in additional extra-program experiences offered throughout the year and an optional class project that will enhance my Leadership Abilene experience.

Applicant's Signature

Date

I understand that effective participation in, and graduation from, Leadership Abilene 2010 requires a time commitment by my employee. I am aware of the schedule listed above and will allow my employee to be away from work as required by the program.

Supervisor's Signature/Title