



Confidential Application for 2008-2009 Program Year
Applications will be accepted January 1, 2008 – March 31, 2008

Personal Data

First Name _____ Middle Initial _____ Last Name _____

Preferred Name/Nickname _____

Home address _____
Street _____ City _____ Zip _____

Home Phone _____ Email _____

Emergency Contact Information

Name _____ Relationship to Applicant _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Employer

Present Employer _____ Title _____

Business address _____
Street _____ City _____ Zip _____

Business Phone _____ Business Fax _____

Briefly describe work responsibilities

List previous positions held with your present employer and/or other employment in reverse chronological order:
Employer _____ Title _____ Period of Employment _____

What do you consider your most important career accomplishment to date?

Community and Professional Involvement

Please list civic, professional, business, religious, social, athletic or other organizations in which you currently or previously have been a member of:

Organization	Position Held (Title)	Date(s)

Briefly state any accomplishments in the above organizations that you consider significant and explain your role:

If you have previously not had time or interest to become involved, what conditions have changed that now enable you to seek community involvement?

Why do you think you should be selected to participate in the Vision St. Charles County Leadership program?

In your judgment, what are the three most critical problems/issues facing St. Charles County?

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References

Please list two individuals knowledgeable with respect to your leadership capabilities and your past performance.

Name	Title	Business Phone

Tuition

Tuition fee of \$600.00 *must be submitted* by March 31, 2008 for consideration in the program. Scholarship opportunities are available. Call Jeff Chapple at 636-379-5514 for more info or email JChapple@ofallon.mo.us

Scholarships

Full or partial scholarships are available for those who qualify.

Please check here if you would like someone to contact you with more information.

Applicant Policy

- * Applicants are not required to live in St. Charles County, but must work within or have an established interest in the county.
- * Vision St. Charles County Leadership is an equal opportunity program and does not discriminate applicants based on disability, age, race, religion or sex.
- * The Board of Directors reserves the right to accept or reject any applicant without cause.
- * Vision St. Charles County Leadership has a target class size of 30 participants in the program each year.

Commitment

To graduate from the Vision St. Charles County Leadership program, a participant is required to attend all sessions. If more than eight hours are missed, the participant will not graduate with the class. Attendance for both overnight retreats is mandatory.

Will you be able to fulfill this commitment? Please circle one YES NO

Business Organization Commitment

Applicants for the Vision St. Charles County Leadership program must have the support and commitment of their business or organization. The signature of the head of the applicant’s organization is necessary as an indication of the support of the applicant’s participation in the program. I have read and understood the applicant commitment policy. _____ has my full support for the time and personal commitment required.

Signature

Title

Date

Please print name: _____

Applicant Commitment & Release of Liability

If selected as a participant in the Vision St. Charles County Leadership program, I am willing to attend all the functions sponsored by the program, and I understand that attendance is mandatory. I understand that if I fail to meet any of the obligations of the program, I may be asked to withdraw or may not graduate with my class. I also accept liability of myself throughout the entire program. I hereby release Vision St. Charles County Leadership, its officers and directors of all liabilities for injuries and damages sustained by me in connection with the Vision St. Charles County Leadership program.

Signature

Date

Please print name: _____

Disclaimer: I hereby authorize the Vision St. Charles County Leadership program to communicate via email/fax about program activities.

Signature required: _____

Applications and class schedules are available online at www.visionleadership.org

Send completed application and check to: **Vision St. Charles County Leadership**
PO Box 1104
St. Peters, MO 63376