



Confidential Application for 2012-2013 Program Year
Applications will be accepted through May 31st, 2012

Personal Data

First Name _____

Last Name _____

Preferred Name _____

Home Address _____

Street

City

Zip

Mobile Phone _____

Dietary Needs: Yes _____ No _____ Details: _____

Emergency Contact Information

Name _____

Relationship to Applicant _____

Work Number _____

Mobile Number _____

Home Number (Optional) _____

Employer Information

Employer _____

Title _____

Business Address _____

Street

City

Zip

Phone _____

Email _____

Describe Work Responsibilities _____

Please list previous positions held with your present employer and/or other employers, in reverse chronological order:

Employer	Title	Period of Employment
_____	_____	_____
_____	_____	_____

What do you consider your most important career accomplishment? _____

Community & Professional Involvement

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

Organization	Position Held	Period of Involvement
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Vision St. Charles County Leadership?

If you were asked to find a solution to an issue St. Charles County faces, in your opinion, what are the three most critical issues?

References

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

Name	Organization	Title	Phone
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Tuition

The cost of the program is \$600.00. Please remit a \$25 check, made payable to Vision Leadership for the application fee. This fee is *non-refundable*, however will be returned to any applicant that is not accepted into the program. The balance of the tuition is due before July 31st, 2012. To inquire about a partial scholarship opportunity, please contact **Page Adams at 636.219.2158** or page.adams@yahoo.com. (Please attach a brief summary explaining why you are in need of scholarship assistance)

If you would like someone to contact you, please provide the preferred contact number

Applicant Policy

- Applicants are not required to live in St. Charles County, but must work 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.
- All written refund requests MUST be submitted before August 15 of the class year.

Commitment

To graduate from the Vision St. Charles County Leadership Program, a participant is required to attend all sessions. Attendance for both overnight retreats is *mandatory*.

The required sessions are:

- Welcome Reception- August 2, 2012
- Leadership Retreat- August 15 & 16, 2012- *mandatory*
- Leadership Skills & Alumni Day- September 20, 2012
- Tourism Day- October 18, 2012
- County Government Day- November 15, 2012
- Economic Development Day- December 20, 2012
- Healthcare & Social Services Day- January 17, 2013
- Jefferson City Trip- February 20 & 21, 2013- *mandatory*
- Media Day- March 21, 2013
- Graduation- March 28, 2013

A class member is allowed one absence throughout the program year. An absence of more than one hour from a program day counts as a miss. Will you be able to fulfill this commitment? **Yes** **No**

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 for myself throughout the 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 Leadership Program.

Signature

Date

Please print name: _____

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

Signature

Additional information is available online at www.visionleadership.org

Please send completed application and check to:

Vision St. Charles County Leadership
PO Box 1104
St. Peters, MO 63376