



APPLICATION

Deadline: August 7, 2020

PERSONAL INFORMATION

Full Name: _____

Home Address: _____

Email: _____ Personal Email: _____

Primary Phone: _____ Work Phone: _____

Business/Organization Name: _____

Business /Organization Address: _____

Current Position/Title: _____

Previous Employer (only list if less than 3 years with current employer): _____

Have you participated in a similar leadership program in another community? YES NO

If yes, please indicate where and when: _____

SCHEDULE

Please indicate any known schedule conflicts or absences.
 Note: to graduate you must attend seven of the nine sessions.

| Session | Date | Title | Absent |
|-----------|-------------------------|--|--------|
| Session 1 | 9-11-2020 (full day) | Program Launch Understanding Your Leadership Approach | |
| Session 2 | 10-9-2020 | Understanding Your Leadership Approach | |
| Session 3 | 11-13-2020 | Project Team Leadership – Company Project Launch | |
| Session 4 | 12-11-2020 | Enhancing Your Listening Skills | |
| Session 5 | 1-8-2021 | Change Management | |
| Session 6 | 2-12-2021 | Strengths-Based Leadership | |
| Session 7 | 3-12-2021 | Harness the Power of Productive Conflict | |
| Session 8 | 4-9-2021 | Nonprofit Board Leadership | |
| Session 9 | 5-14-2021 | Leadership Legacy/Company Project Presentations | |

EDUCATIONAL BACKGROUND

Include institutions, field(s) of study and degrees awarded. Also include any relevant professional accreditations, certifications, training programs, etc.

ORGANIZATIONS AND COMMUNITY INVOLVEMENT

Please list in order of importance to you the major civic, business, and professional activities in which you have participated during the past several years. Activities need not be limited to those in the Indian Valley area. For each activity, indicate the extent of your involvement, accomplishments, offices held, awards received and/or special recognitions. If you have not been involved in such activities, please comment.

*Professional and Community Based
Organizations/Activities*

*Approximate Dates
of Participation*

*Involvement/
Responsibilities*

PERSONAL PERSPECTIVES

Please submit reflections on a separate sheet.

1. Respond to the questions below in 750 words or less:
 - a. Why do you wish to participate in the LEAD Indian Valley program?
 - b. What do you hope to gain from your participation in the LEAD Indian Valley program?
2. Describe what you consider to be the most critical issues currently facing our community.

Applicant's Agreement

I understand the purpose and commitments of the LEAD Indian Valley Program. If selected, I will devote the required time to attend all functions of the program. I understand attendance and preparedness are mandatory and that if I fail to meet the obligations of the program; I may be asked to withdraw or may not graduate. If selected to participate in the LEAD Indian Valley program, I will arrange for payment of my tuition within one month of notification.

Signature

Date

Employer/Sponsor Agreement

I fully support the application of _____ for the 2020-2021 LEAD Indian Valley Program. His/her employer/sponsor is willing to make available the necessary time for full participation in all scheduled classes and activities.

Signature

Date

Please submit completed, signed application to the following address:

Indian Valley Chamber of Commerce
ATTN: LEAD Indian Valley Program
121 E. Chestnut Street, Ste. 201
Souderton, PA 18964

Questions regarding this application may be directed to:

Ken Byler, Program Director
Phone: 215-799-1216
Email: ken@highergroundcg.com