

LEADERSHIP ARVADA 2009-2010

LEADERSHIP ARVADA APPLICATION

Name _____

Name as preferred on badge _____

Employer _____ Years with employer _____

Position/Occupation _____ Work phone _____

Address _____ Email _____

City and Zip _____ Fax _____

Home Address _____ Home phone _____

City and Zip _____ Cell _____

Please complete the following questions. Feel free to use additional attachments if necessary.

- 1.) Why are you interested in this program?
- 2.) Have you been involved with the City or community-based activities?
What are they?
- 3.) What do you hope to obtain from this program?

- 4.) What professional organizations do you belong to?
- 5.) What service clubs/organizations are you involved with?
- 6.) What particular area(s) of the program is most appealing to you and why?

Please note the following:

- 1.) Tuition is \$250 and is non-refundable. This cost covers meals, materials, speaker costs, and graduation ceremony. Plus special project cost sharing (not to exceed \$50/person).
- 2.) Applicants for Leadership Arvada, if employed, must have the support and commitment of their employer. The employer must authorize participation in the program.

(Employer's Signature)

(Date)

- 3.) If selected to participate in Leadership Arvada, you must commit to attendance for the full time allocated for that day's presentation(s).
- 4.) No more than two excused absences are permitted to participate in graduation.
- 5.) No substitutions are permitted for attendees.
- 6.) Employers will be invited to participate in the graduation ceremony. Additional guests may result in additional costs to the participant.
- 7.) Because of logistics and program design, there will be a limited number of applications accepted. The selection committee will include representatives of the Arvada Chamber of Commerce, Arvada Economic Development Association (AEDA), and City of Arvada.
- 8.) It should be noted that this is a pilot program and may not be offered annually. The success of the program will be evaluated to determine future offerings.

If selected to participate in Leadership Arvada, I agree to all the terms and conditions of the program.

(Applicant Signature)

(Date)