



The information provided in this application is strictly confidential and will not be shared unless otherwise stated.

Full Name _____

Preferred Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail _____

Years in Madison County _____

The above information will be given to your classmates for contact purposes, excluding your date of birth.

Employment

Present Employer _____

Supervisor's Name _____ Phone _____

Type of Organization _____

Position(s) Held and Responsibilities

Business Address _____

City _____ State _____ Zip Code _____

Business Phone _____ E-Mail _____

Fax _____ Preferred mailing: Home _____ Business _____

Sponsored by: Present Employer ____ Self ____ Other ____



Community Involvement

List recent or previous experiences with community involvement.

Please answer the following questions:

Have you participated in a community or leadership program in the past? YES/NO
If yes, please list the name, program, and dates.

Who do you admire as a leader? Why?

What does "leadership" mean to you?

What would you like to gain from the MCLI leadership program?

What challenges do you feel Madison County is facing?



In what ways would you like to direct leadership skills you obtain by attending MCLII?

Elected office: National ___ State ___ County ___ City ___ School ___

___ Non-Profit

___ Community Development or Service (Chamber, MCLII, Lions, etc)

___ Other (please explain) _____

The Madison County Leadership Institute is a learning experience which requires a commitment by the participants and their employers. As a participant I will attend all sessions as well as participate in a class project in order to make the class a success. I understand that prior permission must be obtained from the board president in order to have an excused absence from any session, and two excused absences will be granted only in the event of an extreme personal emergency and or unavoidable business conflicts. Failure to comply with attendance requirements may result in not graduating from the program and forfeiture of tuition.

I understand and will support the goals and commitments of the Madison County Leadership Institute program. If selected, I will honor the scheduled sessions with my active participation and attendance.

Applicant Name **Date**

Applicant Signature

Employer Agreement

I have read the above commitment and I will fully support the applicant and this opportunity for personal and professional development.

Employer Name **Date**

Employer Signature