

APPLICATIONS ARE DUE BY
JANUARY 23, 2023

Application Information

First Name		Last Name	
Work Phone		Cell Phone	
Email Address			
Mailing Address			
City		State	Zip
Business/Organization			Title
Business Address			
City		State	Zip

Education

School Name & Location	Dates Attended	Degree/Major

Have you participated in a leadership program in another community?

If "yes", please describe

Community Involvement

Please list service organizations in which you actively participate. Including civic, religious, political, government, social, & athletic.

Questions/Essay

Please answer the following questions on a separate sheet of paper.

- Why do you want to participate in the Leadership Calaveras program?
- Describe what you consider to be your most important community accomplishment.
- What are three major issues and/or significant opportunities facing Calaveras County today? What specific recommendations would you make to address an issue or develop an opportunity?

Send Applications to:
PO Box 1075
San Andreas, CA 95247
Or Email
Chamber@Calaveras.org

PLEASE INCLUDE WITH APPLICATION

- APPLICANT AGREEMENT
- EMPLOYER AGREEMENT
- APPLICATION ESSAY

APPLICANT AGREEMENT

I understand the purpose of Leadership Calaveras and, if selected, I will commit the time necessary to complete the program.

I will attend the required sessions and complete any assignments given to the best of my ability.

I will devote time for additional work to take place outside of the regularly scheduled classes, to complete the Leadership Calaveras Project.

I understand that if I have more than three absences during the course of the program, I will not graduate and will not complete the program. I will be automatically dismissed from the program and no portion of the tuition shall be refunded.

I accept these requirements and am willing to make this commitment.

Signature

Date

EMPLOYER AGREEMENT

This applicant has the full commitment of this organization and, if selected, the time and financial support required to fully participate in Leadership Calaveras.

I understand that if my employee has more than three absences during the program sessions, they will not graduate and will automatically be dismissed from the program and no portion of the tuition shall be refunded.

As the Employer, I, or my designee shall be responsible for representing our organization at the graduation program.

In addition, I, or my designee, will commit the time necessary to serve as a mentor to our participant and keep informed about the Leadership Calaveras Program.

Signature

Date