



Class of 2018 – 2019

Application



Leadership Grand Prairie 2018 - 2019 Calendar Class Dates and Programs  
(Subject to revision based on availability of speakers and venues)

Friday, August 17 <sup>th</sup> , 2018	Application deadline / \$200 deposit due
Wednesday, August 29 <sup>th</sup> , 2018	Orientation Day
Wednesday, September 5 <sup>th</sup> , 2018	City Day
Wednesday, October 3 <sup>rd</sup> , 2018	Balance of Tuition Due
Wednesday, October 3 <sup>rd</sup> , 2018	Economic Development/ Transportation Day
Wednesday, November 7 <sup>th</sup> , 2018	Health and Human Services Day
Wednesday, December 5 <sup>th</sup> , 2018	Education Day
Wednesday, January 9 <sup>th</sup> , 2019	Criminal Justice Day & Public Safety Day
Wednesday, February 6 <sup>th</sup> , 2019	Legislative Day in Austin
Wednesday, March 6 <sup>th</sup> , 2019	Media Day
Wednesday, April 3 <sup>rd</sup> , 2019	Banking and Finance Day
Wednesday, May 1 <sup>st</sup> , 2019	Tourism Day and Arts and Culture Day
Wednesday, May 15 <sup>th</sup> , 2019	Graduation Day

**Because class attendance is mandatory, please mark these dates on your calendar.**

## Leadership Grand Prairie 2018 - 2019 Application

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred Name or Nickname \_\_\_\_\_

Business \_\_\_\_\_

Title \_\_\_\_\_

Business description \_\_\_\_\_

Business Address \_\_\_\_\_

Home Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Address you prefer to receive Leadership correspondence: (circle one) Business Home

Is your business/organization sponsoring you? (circle one) Yes No

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle one) Male Female

How long have you lived or worked in Grand Prairie? \_\_\_\_\_

In what county do you reside? \_\_\_\_\_

Interests \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Education**

Major college, graduate school, business/trade school, and/or other specialized training.

Name and City of Schools	Graduation Date	Degree/Major
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Community Activities**

List KEY community, civic, service, professional, business, social, religious, and other organizations of which you have been a member in the past five years.

Name of Organization	Dates of Membership	Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Please attach your current resume.***

Special honors or awards (career or community related)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider your highest personal, academic and/or career achievement?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from participation in Leadership Grand Prairie?

\_\_\_\_\_

\_\_\_\_\_

Have you read any of the John Maxwell books on leadership? If so, which titles?

\_\_\_\_\_

\_\_\_\_\_

Have you completed any other leadership programs, at any other city or organization? If so, which ones and when?

\_\_\_\_\_

\_\_\_\_\_

## **COMMITMENT**

**LEADERSHIP GRAND PRAIRIE is a learning experience and requires the following commitments by the participant:**

- 1) Mandatory attendance at the orientation/retreat (August 29<sup>th</sup>, 2018).
- 2) Attendance at monthly sessions (8 hours each). You are not permitted to miss more than 12 hours, total.
- 3) Participate in leadership book study and discussion.
- 4) Timeliness. This requirement is not only a demonstration of proper business etiquette; it will allow all participants to gain the most benefit from the program.
- 5) Active participation in a community service project to be completed by the class no later than May 15<sup>th</sup>, 2019.
- 6) Tuition for the program is \$500. \$200 deposit is required by August 17<sup>th</sup>, 2018. Payment in full is due by October 3<sup>rd</sup>, 2018.

Any program participant who is absent from the retreat or from more than 12 hours of class meetings will not graduate (we reserve the right to make exceptions in special circumstances). Tuition refunds must be requested in writing by October 1, 2018. No tuition refunds will be considered after that date. A \$50 processing fee will be deducted from each tuition refund.

I understand the above commitments and agree to be bound by them by signing this application.

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Applicant's signature

Return completed applications to:

LEADERSHIP GRAND PRAIRIE  
c/o Grand Prairie Chamber of Commerce  
900 Conover Drive  
Grand Prairie, TX 75051  
(972) 264-1558  
Email: [nicole@grandprairiechamber.org](mailto:nicole@grandprairiechamber.org)  
[www.grandprairiechamber.org](http://www.grandprairiechamber.org)

**LEADERSHIP GRAND PRAIRIE LIABILITY RELEASE FORM**

DISCLOSURE: Leadership Grand Prairie’s monthly programs typically involve a variety of different components and trips to different locations (including, for example, a jail, one or more area hospitals, and one or more area schools) at which individual and group activities or tours will occur. Because of the activities involved and the locations visited, a risk exists and must be assumed by each participant that he or she may suffer physical or emotional injury. To assist Leadership Grand Prairie in providing a safe experience, participants are asked to provide us with information regarding any limitations, conditions or disabilities you may have that could affect your safety or the safety of class situations.

RELEASE OF LIABILITY: I have read and understand the disclosure statement above. I understand that Leadership Grand Prairie’s program may be physically or emotionally demanding. I recognize the inherent risks of injury or disability inherent in my participation in Leadership Grand Prairie’s program and I assume the risk of injury that could result from any of the class activities.

I RELEASE LEADERSHIP GRAND PRAIRIE, ITS STAFF MEMBERS, OFFICERS, DIRECTORS, REPRESENTATIVES, AGENTS AND AFFILIATES FROM ALL LIABILITY FOR ANY INJURY(INCLUDING, BUT NOT LIMITED TO, PERMANENT AND FATAL INJURY) TO ME AND OR DAMAGES TO OR LOSS OF MY PROPERTY RESULTING FROM MY PARTICIPATION IN THE LEADERSHIP GRAND PRAIRIE PROGRAM, AND ACCEPT ALL RESPONSIBILITY FOR MY PERSONAL SAFETY.

\_\_\_\_\_ Date

Applicant Signature

Applicant printed name \_\_\_\_\_

\_\_\_\_\_ Date

Witness signature (cannot be related by blood)

Witness printed name: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please attach a copy of your health insurance card front and back.