



LEADERSHIP DOUGLAS COUNTY 2020 APPLICATION

(Please type or print in ink)

Applicant Name: _____
First Middle Last

Name to appear on name badge: _____

Home Address: _____
Street City Zip

Mailing Address: _____
Street City Zip

Home Phone: _____ Fax: _____ Cell: _____

Work Phone: _____ Fax: _____ Cell: _____

Email Address: _____

How did you hear about the Leadership Program? _____

Present Employer: _____

Employer Address: _____
Street City Zip Phone

Your Title: _____

Applicants must have the support and commitment of their employer and/or sponsoring business or organization. The signature of the Supervisor, President or Executive Director of the business or organization is necessary as an indication of the applicant's time commitment to Leadership Douglas County.

Employer/Sponsor Signature: _____ Title: _____

I understand the purpose of the Leadership Douglas County Program. Attendance at each session, completion of minimum number of required and elective experimental homework assignments and participation in a class project is required for graduation. If selected, I agree to commit the time and energy required.

Applicant's Signature: _____ Date: _____



Additional information: (Attach additional sheets of paper if necessary)

Why Leadership Douglas County? Please explain your particular interest in Douglas County and how your involvement in Leadership Douglas County can benefit you and Douglas County.

Leadership Douglas County recognizes that leadership comes in many forms, and we are interested and committed to selecting individuals who have demonstrated leadership in both traditional (civic involvement, job related activities) and non traditional ways. (For example: responsibility for a crime prevention effort, leading an initiative measure, mediating a community conflict). Please identify below any activities in which you demonstrated organizational, motivational, or leadership abilities:



Additional Information Continued

List two significant opportunities or challenges facing Douglas County now and describe how you may become involved in working on them.

What kinds of community boards, committees or groups would you like to be active with as a result of your participation in Leadership Douglas County?

Please provide a written Biography of 100-150 words in the space provided below. (Include: education, family, work, community interest, hobbies, etc...) Your biography will be published in the class roster. The Steering Committee reserves the right to edit all biographies.

REFERENCES: Applicants are responsible for providing two letters of reference and sending them to the Chamber Office, either by fax, 782-1025, e-mail alicia@carsonvalleynv.org or mail to the address below. Applications will not be processed without letters of reference by deadline date.



DEADLINES:

- Applications and letters of reference must be received by 4:00 PM on Friday, December 13th, 2019. Please contact the Chamber should there be special circumstances that require a late application.
- Full tuition must be received by 4:00 PM on Friday, January 3, 2020 unless participating in a payment plan. Should there be special circumstances that require a payment plan, contact the Carson Valley Chamber of Commerce.

TUITION: Tuition covers all program costs including materials, meals, transportation and graduation. A \$150 deposit is required at the time of application. Tuition rates: \$850.00 for Chamber members and \$950.00 for non-members.

How will your tuition be paid? ___Employer/Sponsor ___Applicant ___Employer/Sponsor & Applicant

Remit Payment to:

Leadership Douglas County
Carson Valley Chamber of Commerce
1477 US HWY 395 North, Suite A
Gardnerville, Nevada 89410

Phone: (775) 782-8144
Fax: (775) 782-1025

I authorize Leadership Douglas County to contact my references and to release, as necessary, information contained in this application as well as any photos taken during Leadership Douglas County (LDC).

Applicants Signature

Date

Carson Valley Chamber of Commerce does not discriminate among applicants on the basis of race, religion, sex, national origin, color, age or disability. Persons who require special accommodations, assistance, or food should provide an explanation here: _____