



PERSONAL DATA

Full Name _____ Preferred First Name for Nametag _____

Home Address (Street, city, state, zip) _____

(Please indicate your primary phone number)

Cell Phone _____ Primary Email _____

The following is optional to ensure diversity in the class:

Pronouns/Preferred Gender _____ Racial and/or Ethnic Background _____ Age _____

EMPLOYMENT

Present Employer _____

Employer’s Full Address _____

Your Title/Responsibility _____

Your Office Phone _____

Which category best describes the area in which you presently work/serve?

If you chose Other, please explain: _____

Employment History: List prior employment in reverse chronological order.

Employer	Title/Responsibility	Start	End
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

List Schools, advanced degrees, and/or specialized training

School	City/State	Degree/Major	Year Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Awards, Honors: _____

COMMUNITY SERVICE

Organizations, Activities & Community Involvement

Organization	Title/Responsibility	Start	End
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What do you consider to be your most important community service to date and why? (Please enter "N/A" below if this question does not apply to you.)

If you have previously not had time or interest to be actively involved, what conditions have changed that now enable you to seek community involvement? (Please enter "N/A" below if this question does not apply to you.)

PROGRAM INTEREST

Please state briefly why you wish to participate in the Leadership Jefferson County program?

How will you impact the community with what you learn from the Leadership Jefferson County program?

RECOMMENDATIONS

List two individuals who are knowledgeable about your leadership performance and/or potential.

Name _____ Phone _____

Business/Organization _____ Email _____

Name _____ Phone _____

Business/Organization _____ Email _____

COMMITMENT

By signing my name below, I acknowledge that I understand the purpose of the Leadership Jefferson County program, its attendance requirements, and that the completion of this application does not guarantee my acceptance as a participant. **If selected to participate, by signing below, I UNDERSTAND THAT I AM EXPECTED TO ATTEND ALL 11 SESSIONS IN THEIR ENTIRETY. I further understand if I have more than two (2) absences for any reason, I will be unable to graduate from the program.** If accepted to participate in the Leadership Jefferson County program, I agree that the information contained on this application may be used for Leadership Jefferson County promotions, activities, and projects, as deemed appropriate by the Leadership Jefferson County Steering Committee.

Applicant signature _____ Date _____

Employer Commitment

This candidate has my full support to participate in Leadership Jefferson County. By signing my name below, I acknowledge that I am aware of the time commitment and attendance requirement involved in his/her participation in the program.

Name _____ Title _____ Date _____

TUITION

If selected, payment will be made by each participant or sponsor.

Payment of \$250.00 is due by December 31, 2024. Please make checks payable to: CFMJC/Leadership.

Partial tuition assistance is available. Would you / your employer like to request assistance? If you would like assistance with tuition, contact Bill Barnes at 812-274-0241.

Completed applications must be received by November 8, 2024.

Email applications to: kelleyh@cfmjc.org

Mail or drop off applications to: Community Foundation of Madison & Jefferson County

416 West Street, Suite B
P.O. Box 306
Madison, IN 47250

2025 PROGRAM DATES – All sessions will be held from 8am-1pm with lunch provided. Session locations will vary. (*session time is 8am-4pm)

From the list below, please state the dates on which you currently have a known conflict:

January 7* - Introduction & Orientation

April 1

January 21

April 15

February 4

April 29

February 18

May 13

March 4

May 27 - Graduation Luncheon

March 25