

2017
ASHLAND-BAYFIELD COUNTIES LEADERSHIP PROGRAM
UW-Extension - Candidate Application

Please be sure to sign your application. If additional space is needed, please attach an extra sheet. Return completed application to the Ashland County UW-Extension Office, 201 West Main St., Courthouse Rm 107, Ashland, WI 54806.

Please Print

Name: _____

Home Address: _____

Street

City

Zip

Home Phone: () _____

Email: _____

Are you 18 or older? Yes No

(If you have a current resume you may submit it in place of the following 3 sections.)

Please list your recent **employment history**, with current job listed first.

<u>Employer</u>	<u>Title/Responsibility</u>	<u>Dates: From/To</u>	<u>Supervisor</u>

Education

Beginning with high school, please list schools and college(s) attended, degrees achieved, and any specialized training you've earned.

<u>Name of School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Major or Focus</u>

Community Involvement

<u>Organization</u>	<u>Dates</u>	<u>Role(s) You Played</u>

General Information

How long have you lived in the Ashland-Bayfield County area? _____

A. What do you think are the most significant issues facing the local area today?

B. What do you think is the greatest strength of our regional community?

C. What interests you in the Leadership Program?

D. After you finish the Leadership Program, what kind(s) of community leadership activities would you like to become involved in?

E. How did you learn of the program?

Please list one reference who can speak to your leadership experience and/or potential.

Name

Phone

Tuition and Billing Information: The program cost is \$199, application deadline is January 13, 2017. (An early bird discounted registration is \$175 if postmarked by December 30, 2016).

Please include a check for the fee with your application. The check should be made out to: *Ashland County Leadership*.

Refund Policy: Before January 19 – refund of 100%; January 20-26 – refund of 50%; After January 27: No refund. Candidates not selected this year will be refunded ASAP.

Employer/Sponsor Support: (If applicable) ____ Check here if your employer is sponsoring your participation, and have your supervisor sign below.

This candidate's application has the approval of this organization and the applicant has our full support, which includes the time required to participate in all aspects of the Leadership Program.

Firm or Sponsor

Print Name of Supervisor or Sponsor

Title

Daytime/Business Phone

Signature of Supervisor or Sponsor

Date

Commitment:

- **Homework:** In addition to the sessions, you will be asked to complete reading assignments, (several handouts) and you will also be asked to attend one meeting of an organization or elected body. Please be sure you can attend each of the program sessions before signing this commitment. (See brochure for dates/times.)
- **Selection:** If I am selected I will devote the time and energy necessary to complete all aspects of the program, including requirements for attendance and punctuality.

Applicant Signature

Date