



## Building a Better Community

### CONFIDENTIAL APPLICATION

Please complete and return the completed application by **July 28, 2017** to:

**Leadership Westerville  
P.O. Box 215  
Westerville, Ohio 43086-0215**

For more information, contact Matt Lofy, Executive Director, at 614-882-8917 or [mlofy@westervillechamber.com](mailto:mlofy@westervillechamber.com)

### PERSONAL DATA

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number Street City/Zip Code

Business Name: \_\_\_\_\_

Business Address \_\_\_\_\_  
Number Street City/Zip Code

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

# of years residing in Westerville: \_\_\_\_\_ # of years working in Westerville: \_\_\_\_\_

### EMPLOYMENT (IF APPLICABLE)

Current Employer: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Please summarize previous employment information below and attach resume, if desired:

Employer	Position Title	Dates of Employment (From/To)
----------	----------------	-------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

## EDUCATION

Please list schools/universities attended, degrees received and/or specialized training below:

Name of School/College/University	Location (City, State)	Degree
-----------------------------------	------------------------	--------

_____	_____	_____
_____	_____	_____
_____	_____	_____

## ACTIVITIES, HONORS, AND VOLUNTEER LEADERSHIP EXPERIENCE

Please list special honors, awards or distinctions received for leadership, academic or professional performance and date received below (attach separate page, if desired):

_____
_____

Please list major volunteer leadership role(s) that you have held within the last three years:

1. Organization: \_\_\_\_\_  
Position: \_\_\_\_\_ Check one: ☐ elected ☐ appointed  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_
2. Organization: \_\_\_\_\_  
Position: \_\_\_\_\_ Check one: ☐ elected ☐ appointed  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_
3. Organization: \_\_\_\_\_  
Position: \_\_\_\_\_ Check one: ☐ elected ☐ appointed  
Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

What do you consider to be your most important accomplishment in one of the organizations listed above? Why? (attach separate page, if desired)

---

---

---

---

---

Please list the types of community boards, civic organizations or volunteer groups with which you would like to become involved in the future.

---

---

---

---

## GENERAL INFORMATION

If you have not had the time or interest to become actively involved in the community in the past, what conditions have changed that enable you to become more involved in the community?

---

---

---

---

What specific skills and/or knowledge do you hope to gain from your participation in Leadership Westerville?

---

---

---

---

## PERSONAL REFERENCES

Please list three references, other than your current employer, who are knowledgeable about your leadership skills, leadership potential and/or community activities:

Name and Title	Telephone Number (please specify if home or work)	E-mail Address

## COMMITMENT (PLEASE READ CAREFULLY)

The Leadership Westerville program aims for the full participation from each class member. To ensure an effective learning environment and the opportunity for all class members to actively participate, our class size is limited to 25 participants.

The program year begins with an orientation, which is scheduled for Wednesday, **September 13, 2017. Participation in this orientation is required as an important component of the Leadership Westerville program.**

The program year runs from September through May. Participants are expected to attend one full day session per month beginning in the month of October. To fulfill graduation requirements, each participant may not miss more than two class sessions. In the event that an emergency situation may cause a participant to miss more than two sessions, the program allows the participant to complete the missed requirements and graduate the following year.

**Tuition for each participant is \$750.00. Payment is due upon acceptance into the program. Your employer or a sponsor may pay tuition. If you are interested in applying for a scholarship, please indicate so below:**

- ☐ Please consider my application for a Westerville Area Chamber of Commerce scholarship. I am a member of the Chamber.
- ☐ Please consider my application for the Val Advent Community Leadership Scholarship.

## EMPLOYER/SUPERVISOR SUPPORT (IF APPLICABLE)

This applicant has my full support to participate in Leadership Westerville. I am aware of the time commitment involved in his/her participation.

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LEADERSHIP WESTERVILLE APPLICATION AGREEMENT

I understand the goals and attendance requirements of the Leadership Westerville program. If selected, I will commit the time necessary to complete the program and will pay my tuition upon acceptance. I further understand that Leadership Westerville selects participants based on a variety of considerations. Accordingly, I agree that the Leadership Westerville sponsors shall in no way be liable to me in the event I am not selected for participation in the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor's Signature (if applicable)

\_\_\_\_\_  
Date

Leadership Westerville does not discriminate on the basis of race, color, gender, religion, national origin, age, disability or sexual orientation in the selection of participants. Leadership Westerville will comply with the Americans with Disabilities Act and all other anti-discrimination legislation.