



Leadership Phelps County

2018-2019 Program

Personal Data

Last Name First Name

Complete Home Address Home Phone Number Years in Phelps County

E-mail address Cell Phone Number Male / Female

Employer/Business Position Title Years in Current Job

Complete Business Address Work Phone Number Years with Current Employer

Do you have any special needs? If yes, please indicate those needs. _____

Preferred name on name badge: _____ Shirt size: _____

Why I Wish to Participate

Please state briefly why you wish to participate in Leadership Phelps County.

Have you participated in a similar leadership program in another county/state? Yes No

What I Expect to Gain

What do you expect to gain from Leadership Phelps County and how will you use your new skills?

Organizations, Activities & Community Involvement

Please list organizations, positions held and briefly state any accomplishments you consider significant and explain.

In your judgment, what are the three most critical problems/issues facing our community today?

1. _____
2. _____
3. _____

Attendance

In order to successfully complete the program, NO MORE THAN ONE session may be missed. In addition, full attendance in the two-day overnight retreat, held at the beginning of the program, and attendance at State Government Day is mandatory. If more than one session is missed, participants will need to make up the sessions the following year to graduate. A signed employer commitment is required. Participants are also expected to remain in class for the entire day. Will you be able to fulfill this commitment? _____

Business/Organization Commitment

Participants in Leadership Phelps County must have the support and commitment of their business or organization. The signature of the applicant's supervisor is **necessary and mandatory** as indication of support for participation in the program.

I have read and understand the applicant commitment policy below and _____ has my full support for the time and personal commitment required to participate effectively in Leadership Phelps County.

Signature _____ Title _____ Date _____

Completed applications must be received at the Phelps County Extension Office by 4:30 p.m. August 17, 2018.

If accepted into the program your non-refundable full payment of \$350 will be due September 7, 2018. Who will be responsible for your tuition? _____ Employer _____ Self _____ Other

Applicant Commitment

If selected as a participant in Leadership Phelps County, I agree to attend all functions sponsored by the program and complete a community service project outside of class. I understand that participation in Leadership Phelps County is a ten-month commitment, one full day per month. I understand that I am only allowed to miss one program day and that full participation in the two-day overnight retreat is mandatory. I understand that if I fail to meet any of the obligations, I may be asked to withdraw or will not graduate with my class.

Signature _____ Date _____

Send completed application to: University of Missouri Phelps County Extension, Leadership Phelps County, 200 North Main Street, Rolla, MO 65401 Phone: (573) 458-6260