



LEADERSHIP CORVALLIS

420 NW Second Street | Corvallis, OR 97330 | 541-757-1505

For Office Use:

Date Received: _____

Accepted: Yes | No

Notified: _____

Payment Received _____

2016-17 Leadership Corvallis Application Application Deadline: May 13, 2016 | Early Bird Deadline – May 2, 2016

Leadership Corvallis will introduce you to the people, places and issues that impact Corvallis and Benton County. In 10 class sessions – one each month from September to June – you’ll learn about a specific topic that is relevant to residents and community leaders. The background you gain will help prepare you for a community leadership role in Corvallis.

Full participation is expected so please ensure you can attend all sessions, which are held on the second Thursday of each month. (The schedule is subject to change for holidays; a full class schedule will be sent upon acceptance.) At least 80 percent attendance is required for graduation. In addition, you will be participating in a community service project that will require at least 4 to 8 hours of out-of-class time.

Tuition is \$650 and will be billed upon acceptance into the class. *Early Bird discount of \$50 will be applied to applications received by May 2, 2016.* **COMPLETED APPLICATION AND TWO CURRENT LETTERS OF RECOMMENDATIONS ARE DUE BY MAY 13, 2016.** For additional information related to the application process please contact Ron Thiesen at recruit@leadershipcorvallis.com.

APPLICANT INFORMATION (Please print your name you want on your class name badge)

Applicant’s Name: _____ Date: _____
Last Name First Name MI

Home Address _____
Address City State Zip

Phone _____ Home email _____

CURRENT EMPLOYER INFORMATION (if self-employed or retired, please state that in the current employer section)

Current Employer _____ Title/Position _____

Work Address _____
Address City State Zip

Work Phone _____ Work email _____

Billing address: Work Home | Correspondence Email Preference: Home
Work

PREVIOUS EMPLOYMENT INFORMATION (list most current first)

<u>Name of Employer</u>	<u>Title/Position</u>	<u>Dates of Employment</u>
_____	_____	_____
_____	_____	_____



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Name _____
Last Name First Name MI

APPLICATION QUESTIONS:

Type answers to the following questions on a separate sheet of paper. Please keep your answers concise (recommended 1-2 paragraphs).

1. What do you consider your highest responsibility, skill or achievement in your life? Why?
2. What area(s) of the community interest you most? Describe your involvement in community activities.
3. What do you identify as the three most pressing problems facing Corvallis/Benton County today?
4. What do you hope to gain from your Leadership Corvallis experience?

SCHOLARSHIP APPLICATION:

Three scholarships are available. Please download the scholarship application at www.leadershipcorvallis.com or call for more information. **Completed scholarship application should be attached to this form.** I have applied for the following scholarship:

Public Service Scholarship Hans Neukomm Memorial Scholarship Scott Zimbrick Small Business Scholarship

PROGRAM COMMITMENT

Please initial next to each line to indicate you have read and understand your commitment to the program.

I have read and agree to abide by the Leadership Corvallis policies on substitutions, cancellations and refunds, tuition payment, and graduation. These are posted at www.leadershipcorvallis.com/program.

I commit to attending and completing all classes. If unable to attend a class I will notify the Program Host. If an emergency forces my absence, I understand I may be eligible to make up class sessions the next year in order to graduate depending on space availability.

I will respect fellow class members, the class host and speakers by being on time, staying for the entire session and minimizing distractions such as use of my cell phone or tablet.

I understand that I will be participating in a community service project with other class members that will require at least 4 to 8 hours of time outside of class.

I understand that Leadership Corvallis is an all-volunteer organization that depends on the time and talent of alumni to maintain the program. I am willing to volunteer with Leadership Corvallis following my class session if my time and talent can further the mission of the organization.

I understand that in the event of a class being cancelled due to circumstances beyond the control of Leadership Corvallis, the organization will make reasonable effort to make up the class and I will make reasonable effort to participate.

Signature Name (please print) Date



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Return this application with two letters of recommendation to Leadership Corvallis - Corvallis Chamber of Commerce, 420 NW 2nd Street, Corvallis, OR 97330

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