

## **LEADERSHIP COLLEYVILLE PROGRAM APPLICATION**

PRESENTED BY  
COLLEYVILLE CHAMBER OF COMMERCE

Leadership skills and networking are key to any business. Whether you are a new executive, entrepreneur or a seasoned professional, Leadership Colleyville provides you and your business with boundless opportunities for personal and professional development. The value of Leadership Colleyville is the flexible program, which delivers content at a pace consistent with today's mobile society. We appreciate your time and provide you with relevant and superior content.

### **TUITION, OPTIONAL ACTIVITIES AND CLASS SIZE**

Tuition for Leadership Colleyville is \$550 with a \$100 deposit due with this application form. Final payment of the balance of tuition is due by August 14. Tuition is non-refundable after first class date. The class is limited to 24 participants.

### **PARTICIPATION IN THE PROGRAM**

Sessions are one full day a month September through April. (schedule for the classes will be made available in June or July). To graduate and receive the full value of this program, your attendance is vital. Missing more than 16 hours will result in not being able to graduate with the class this year. You can complete the class and then attend the sessions that you missed next year and graduate at that time.

### **CONFIDENTIALTY**

All information submitted in the application will be considered confidential and only used for selecting participants in the Leadership Colleyville program and to communicate with participants during the program. Your personal information is retained by the Colleyville Chamber of Commerce for the express benefit of this program and will not be distributed for any reason to a member or non-member of the Chamber without your written consent. This includes, but is not limited to, using contact information to provide gifts presented at graduation, gifts presented after graduation, promotional materials handed out during the event or sponsor participation. Your personal information is protected at all times.

**Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Position/title:** \_\_\_\_\_

**Business address:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Cell (Preferred):** \_\_\_\_\_

**Email (Preferred):** \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**How long have you worked in the area?**

**What is your desired career path?**

**Community Involvement to date**

**What do you wish to achieve by attending Leadership Colleyville?**

**What is more important to you; making contacts or developing leadership skills? Both? Neither?**

**How did you hear about Leadership Colleyville?**

**Describe your most significant learning experience. What made it so?**

**PROFESSIONAL REFERENCES**

1. Name \_\_\_\_\_ Company \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Company \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

3. Name \_\_\_\_\_ Company \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

*Applications accepted until August 14, 2020.*

**Emergency contact**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

**Chamber use only**

App. Recd \_\_\_\_\_ Verified: \_\_\_\_\_ Ref. check \_\_\_\_\_

Payment \_\_\_\_\_ Notified \_\_\_\_\_ Course \_\_\_\_\_

**AUTHORIZATION AND INTENTION TO ATTEND**

It is vital that you and your employer understand and honor these commitments. If you are unable to commit to this schedule, please do not apply at this time. Only applications received with both participant and employer signatures are accepted. I, as an applicant, understand and agree to these commitments.

**RELEASE OF LIABILITY**

To assist Leadership Colleyville in providing a safe experience, we ask that participants provide information regarding any limitations, conditions or disabilities you may have that could affect your safety or the safety of class situations.

Please list any challenges to your safety, which we may need to be aware of including but not limited to environmental allergies, food choices, medical issues or other physical conditions. We will happily accommodate any requests to ensure that your experience is as enjoyable and relevant as possible.

I RELEASE THE COLLEYVILLE CHAMBER OF COMMERCE, ITS STAFF MEMBERS, OFFICERS, DIRECTORS, REPRESENTATIVES, VOLUNTEERS, FACILITATORS, AGENTS AND AFFILIATES FROM ALL LIABILITY FOR ANY INJURY (INCLUDING, BUT NOT LIMITED TO, PERMANENT AND FATAL INJURY) TO ME AND OR DAMAGES TO OR LOSS OF MY PROPERTY RESULTING FROM MY PARTICIPATION IN THE LEADERSHIP COLLEYVILLE PROGRAM, AND ACCEPT ALL RESPONSIBILITY FOR MY PERSONAL SAFETY.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

I, as the above candidate’s employer, understand and agree to these commitments. \*

\_\_\_\_\_  
Employer signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer printed name

\_\_\_\_\_  
Title

*\*not applicable if self-employed or not employed (If an individual, the applicant must be a member in good standing at an individual or partner level at minimum)*