

# Leadership Greater Hillsboro 2017-2018

A program of the Hillsboro Chamber of Commerce

## APPLICATION

(Please type or print using black ink.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female   
Last First Middle

Name to be used on Nametag: \_\_\_\_\_

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Business Name as you would want it published: \_\_\_\_\_

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Exact job title as you would want it published: \_\_\_\_\_

Number of years lived in Hillsboro: \_\_\_\_\_

If not living in Hillsboro, number of years living in Hill County: \_\_\_\_\_

How does Hillsboro fit into your future plans? \_\_\_\_\_

Are you a registered voter in Hill County (or county where you reside)? Yes  No

Who recommended this program to you? \_\_\_\_\_

Which of the following categories best describes your present position? (A limited number of candidates will be selected from each category).

Social Services  Government  Labor   
Religion  Business/Industry  Media   
Education  Medical  Law

Other (specify): \_\_\_\_\_

## EDUCATION

Provide a summary of your educational background beginning with High Schools, then Colleges, Graduate Schools, Business/Trade Schools and/or other Special Training. (Attach additional page if necessary.)

NAME & CITY OF SCHOOL	DATES (FROM – TO)	DEGREE	MAJOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT**

Account for all periods including military service.

Present Employer: \_\_\_\_\_

Date began: \_\_\_\_\_

Present Title: \_\_\_\_\_

Since Date: \_\_\_\_\_

Previous Employment: (Last five years)

COMPANY/LOCATION	POSITION	DATES (FROM – TO)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Discuss what leadership responsibilities you had in your previous employment:

\_\_\_\_\_

Discuss what leadership responsibilities you have in your present position of employment:

\_\_\_\_\_

Attendance at each of the 9 monthly sessions is important. Each session has a different focus, and networking opportunities, information and experiences are not repeated. To graduate, a participant must attend **ALL of at least 7 of 9 sessions**. Attendance is taken several times throughout the day. Attending all of Orientation Day is required in order for you to graduate from this program. **There will be a class project and participation will be required.** Transportation will be provided each day; therefore, participants will not have access to personal vehicles once the session begins. Spouses, children and/or other family members will not be allowed to attend session or in lieu of class participants. Class participants are required to notify a Leadership Hillsboro Steering Committee member at least 24 hours in advance of an absence. Supervisors will be notified if class participants are not in attendance for any class session.

Can you commit the time required for you to participate effectively in the Leadership Hillsboro Program? Yes  No

**EXPECTATIONS & GOALS**

The goal of LEADERSHIP GREATER HILLSBORO is to provide information and education about the diversity of this community, its strengths, weaknesses, problems, resources, and concerns. What specific expectations do you have for this program?

\_\_\_\_\_

What are your goals for future involvement in the community?

\_\_\_\_\_

**ORGANIZATIONS AND ACTIVITIES**

List key community, civic, professional, business, religious, social, and other organizations of which you have been a member and/or leader, in order of their value to you. (Attach additional page if necessary.)

ORGANIZATION	DATE	LEADERSHIP POSITIONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many hours per month are you currently committing to the activities of community, civic, professional, business, religious, social and other organizations? \_\_\_\_\_

Have you been as involved in these activities as you would like to be? Yes  No

If not, what have been major barriers to your involvement? \_\_\_\_\_

In your judgment, what are the three most pressing problems facing our community today? Give your recommendations for approaching and/or resolving these problems. (Attach extra page if necessary.)

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

Please list three individuals as references. Do not enclose letters of reference.

NAME	ADDRESS	TELEPHONE
1.		
2.		
3.		

**PROGRAM INFORMATION**

**ANTICIPATED 2017-18 SESSION DATES**

<i>September 14, 2017 – Orientation Day</i>	<i>February 2018 - State Government Day (TBA)</i>
<i>October 12, 2017 – Education Day</i>	<i>March 8, 2018 - Manufacturing/ Media Day</i>
<i>November 9, 2017 - City/County Day</i>	<i>April 12, 2018 - Arts and Humanities</i>
<i>December 14, 2017 - Social and Human Services Day</i>	<i>May 10, 2018 - Ag Business Day</i>
<i>January 11, 2018 - Crime and Criminal Justice Day</i>	<i>June 14, 2018 - Graduation</i>

**APPLICATION DEADLINE:** **June 30, 2017 12 noon**  
 Return completed application to: Leadership Greater Hillsboro 2017-2018  
 Hillsboro Chamber of Commerce  
 PO Box 358, Hillsboro, TX 76645

Applications must be postmarked by the deadline or personally delivered to the Hillsboro Chamber of Commerce Office at 115 North Covington Street, Hillsboro. Chamber office hours are Monday – Friday from 9:00 a.m. to 4 p.m.

**TUITION:** Do not send any tuition payment and/or deposit with application. The tuition for participants of is \$300. The tuition is payable in full on or before August 1, 2017. Please provide the name of the company, organization, or individual responsible for your tuition fee:

\_\_\_\_\_

Shirt Size: Women  Men

Sm  Med  Large  XL  XXL  Other \_\_\_\_\_

Who recommended that you participate in the Leadership Hillsboro Program? \_\_\_\_\_

If you have a special needs/food allergies, please indicate what that is in the space below so that we may better accommodate your request: \_\_\_\_\_

### SIGNATURES

I understand that if I am selected to participate in Leadership Greater Hillsboro that I must attend all of the Orientation and all of seven of the nine sessions to graduate. I am aware that I will be encouraged to participate in additional extra-program experiences offered throughout the year and a class project that will enhance my Leadership Greater Hillsboro experience.

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

\_\_\_\_\_  
Date

I understand that effective participation in, and graduation from, Leadership Greater Hillsboro 2017-2018 requires a time commitment by my employee. I am aware of the schedule listed above and will allow my employee to be away from work as required by the program.

\_\_\_\_\_  
Supervisor's Signature/Title