

# LEADERSHIP WHITLEY COUNTY APPLICATION

## Instructions:

Please complete each section in full

Print in black ink or type

Limit answers to space provided

Application must be received by the end of June, with notification in early August.

## Personal Data

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (h) \_\_\_\_\_

E-mail Address (h) \_\_\_\_\_ Years of County work or residency \_\_\_\_\_

-Prefer Mail to home  business

The following information is needed to ensure diversity of the group

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male Ethnic Background \_\_\_\_\_

## Employment

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Phone (w) \_\_\_\_\_ E-mail Address (w) \_\_\_\_\_

Name of immediate supervisor \_\_\_\_\_

## Education

Highest level of Education \_\_\_\_\_

## Community Involvement

Please list organizations in which you are involved, responsibility and the length of time you have participated. If you are not currently involved in community activities, please list area of interest.

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## General Information

What do you hope to gain from participation in LWC and how do you expect to utilize your experience?

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-Check the category which best describes the area in which you presently work/serve

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|--|---|--------------------------------------|
| <input type="checkbox"/> Corporate/ Large Business | <input type="checkbox"/> Law                  | <input type="checkbox"/> Education   |
| <input type="checkbox"/> Finance                   | <input type="checkbox"/> Government           | <input type="checkbox"/> Healthcare  |
| <input type="checkbox"/> Small Business            | <input type="checkbox"/> Community/Non-profit | <input type="checkbox"/> Other _____ |

