



CONFIDENTIAL APPLICATION

APPLICANT WILL NOT BE CONSIDERED UNLESS THIS AND ALL OTHER FORMS ARE SUBMITTED BY THE DEADLINE.

CRITERIA

LEADERSHIP WARREN seeks to fill a class of 24 individuals for participation in a 10-month course of study about Warren County and the surrounding communities.

CANDIDATES SHOULD:

- Be stakeholders in the region with willingness to serve in future leadership roles as volunteers, appointed or elected individuals.
- Currently holds leadership positions within their business or organization, or be a serious candidate for future promotion.
- Reside, work or conduct business in the Warren County regional area.
- Represent a cross-section of large and small businesses, industries, organizations, government and education. The broadest and most diversified class is sought.
- Have the desire, personal commitment and work-ability to attend all sessions.
- Provide a letter of recommendation from your supervisor/sponsor

SELECTION OF THE CLASS

The LEADERSHIP WARREN Board of Trustees will review applications received, may choose to interview candidates and will formerly notify accepted individuals by end of August.

APPLICATION INSTRUCTIONS

All portions of this application must be completed. Attachments are welcomed. Applications must be received by August 15.

QUESTIONS

Please contact Robert Goltz, President/CEO,
908-835-9200 or info@leadershipwarren.com.

EDUCATIONAL EXPERIENCE

Please list your education including post secondary degrees, fields of study, awards, specialized training, professional affiliations, special honors, published articles and any other academic achievements. (Use additional paper if needed.)

PROFESSIONAL ASSOCIATIONS, ACTIVITIES, AND COMMUNITY SERVICE

Please list any civic, business, education or political offices previously held. Please indicate the level of service and the nature of participation. List any awards or recognition received. If you have not been a member of any association or community group, please explain why. (Use additional paper if needed.)

CURRENT BOARD MEMBERSHIPS

Please list any current memberships you hold, naming the organization (s) and the length of service. Please list any Board of Trustee or Board of Directors memberships. (Use additional paper if needed.)



REFERENCE FORM

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REFERENCE FORM

Name

TO THE REFERENCE: The person listed above is an applicant for the LEADERSHIP WARREN program. It is an interactive, hands-on experience aimed at leadership role models in the community. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

Please type or print. Use this form only and this side only, no additional paper. Applications will be reviewed in confidence.

NAME OF REFERENCE (PLEASE PRINT)

POSITION / TITLE

BUSINESS / ORGANIZATION

HOME PHONE

WORK PHONE

HOME ADDRESS

CITY

STATE

ZIP

WORK ADDRESS

CITY

STATE

ZIP

1. Length of time you have known applicant? How do you know the applicant? _____

2. Tell us something you find unique about the applicant. _____

3. We are looking for a well-rounded class with applicants from each category below. Which best describes the personality of the applicant.

ALREADY ESTABLISHED

BECOMING A LEADER (*have had some experience leading*)

COULD BE A LEADER (*shows interest but needs skill and opportunity*)

4. What else would you like to say about the applicant? _____



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PERSONAL PERSPECTIVE

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1. Briefly describe what you gain from enrollment in LEADERSHIP WARREN. _____

2. Briefly describe an issue in the Warren County Regional Area which is of interest or concern to you.

TUITION:

Tuition for the LEADERSHIP WARREN is \$900. Tuition is due in full upon acceptance into the program. Refunds are not available unless the Board of Trustees is able to fill the vacancy prior to the inaugural session.

ATTENDANCE POLICY:

LEADERSHIP WARREN is a 10 month commitment including an overnight retreat in September and 1 session per month. Each session will begin at 8:00 am and conclude at 5:00 pm on the second Thursday of each month between October and June. Full participation of all class members is expected. The Board of Trustees will accept one excused absence, however in the case of one other absence, the session missed must be repeated the following year. No refunds will be provided.

SIGNATURE OF APPLICANT & SPONSOR ACCEPTANCE PROGRAM TERMS

I formerly submit my application for Leadership Warren. I understand and will comply with the attendance policy to the best of my ability. I represent by my signature that the information provided on this form and its attachments are true.

APPLICANT SIGNATURE

DATE

As the applicant’s supervisor/sponsor, I formerly endorse the applicant’s nomination to Leadership Warren. I support the nominee’s enrollment into the program and acknowledge the commitment of time and effort that will be made. I have attached a letter of recommendation to this application.

SIGNATURE OF SUPERVISOR/SPONSOR

NAME PRINTED

TITLE

COMPANY/ORGANIZATION

DATE