



## LOCAL GOVERNMENT LEADERSHIP PROGRAM *APPLICATION*

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### INSTRUCTIONS

Fully complete each section. Add additional pages if necessary. Applications must be signed by both the applicant and the sponsor. Submit the application and a recent photograph suitable for use in publications and for publicity. Please note that photographs will not be returned.

### SELECTION CRITERIA

The Local Government Leadership Program Committee seeks to identify those individuals most likely to utilize their leadership abilities for the long-term benefit of New Mexico. The Local Government Leadership Program is open to all municipal and county officials and members of the New Mexico National Guard, school boards, and regional councils of government. Leadership New Mexico will select a class that will represent the various geographic regions of the state. Special consideration will be given to ensure diversity of gender, race, geography, and sector.

### PROGRAM TUITION

Program tuition is \$500 and covers all program costs, transportation during sessions, and meals. Participants are responsible for their own transportation to the session locations and hotel accommodations. Leadership New Mexico will assist by reserving blocks of rooms at discount rates. A limited number of scholarships are available for those requiring financial assistance. A request for scholarship assistance does not affect selection into the program.

### PARTICIPANT RESPONSIBILITY

The Local Government Leadership Program consists of two 2-1/2 day program sessions. Participants must be willing to commit the necessary time needed to complete the program in its entirety. Attendance at both sessions is required to complete the Local Government Leadership Program and receive the elective credits for the New Mexico Counties' NM Edge County College, The New Mexico Municipal League MOLI (Municipal Officials Leadership Institute) Program, or annual training credits for the New Mexico School Board Association.

### PLEASE MAIL APPLICATION TO:

**Local Government Leadership Program  
c/o Leadership New Mexico  
P.O. Box 35696  
Albuquerque, NM 87176-5696  
(505) 398-1500 Phone  
(505) 247-7455 Fax  
leader@leadershipnm.org  
www.leadershipnm.org**

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**PERSONAL DATA**

Full Name: \_\_\_\_\_

Preferred Name for Name Tag: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Race/Ethnic Background: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Preferred Address: Home -or- Business

If Married, Spouse's Name and Occupation: \_\_\_\_\_

How long have you lived in New Mexico? \_\_\_\_\_

Have you participated in another state or community leadership program? If so,

Name of Program	City/County/Region/State	Date
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**SECTOR** \_\_\_\_\_ **Beginning Date:** \_\_\_\_\_  
 County/Municipality/National Guard Unit/District/COG

Position: \_\_\_\_\_

What do you consider your most significant contribution or achievement related to your position so far?

\_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY** *(Beginning with most recent)*

Employer	Job Title	Period of Service
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

**BUSINESS/PROFESSIONAL AFFILIATIONS** *(Do not include civic organizations, public, and/or political activities)*

Name of Group	Positions Held or Assignments	Period of Affiliation
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

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**EDUCATION** *(High school, college(s), advanced degrees, and/or specialized training)*

Name/Location of School (City and State)	Degree/Certificate	Area of Interest
High School (City/State)		

Activities, offices, and recognitions for special contributions in your education and/or training: \_\_\_\_\_

**COMMUNITY INVOLVEMENT** *(Please list in order of importance to you: community, civic, religious, political, government, social, athletic, or other activities with which you are involved or have been a member. Indicate role in the organization.)*

**Local:**

Organization	Position Held	Dates

**State:**

Organization	Position Held	Dates

What do you consider your most important accomplishment in community or civic activities? Why?  
\_\_\_\_\_  
\_\_\_\_\_

What community awards or recognition have you received? When?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what kinds of additional volunteer/community/state activities would you like to become active in the future?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**CONTRIBUTION TO LEADERSHIP**

What specific skills/knowledge do you hope to gain from your participation in the **Local Government Leadership Program**?

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What specific skills/knowledge do you hope to contribute to the **Local Government Leadership Program**?

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**TUITION**

If accepted into the Local Government Leadership Program, the participant, financial sponsor, and/or employer will be billed for the tuition fee of \$500, which covers all program costs, transportation during session, and meals.

Will you pay the tuition fee?  YES  NO

Will your county/municipality/unit/district/COG pay the tuition fee?  YES  NO

If not, who will be responsible for payment? \_\_\_\_\_

Do you need to be considered for a scholarship for the program?  YES  NO

If yes, please explain: \_\_\_\_\_

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**COMMITMENT**

If selected as a participant in the **Local Government Leadership Program**, I agree to attend all of the functions sponsored by the program which include two 2-1/2 day program sessions. I understand that attendance is **mandatory**, and that if I miss more than one day of either session for whatever reason, I will be automatically dropped from the program with no portion of my tuition refunded. I understand that if I fail to meet any part of this obligation, I will be asked to withdraw from the program.

I hereby certify that the information in this application is complete and correct. I hereby give the Local Government Leadership Program permission to share this information for the purpose of public relations and reports. I understand the above commitment and agree to be bound by it in signing this application.

\_\_\_\_\_  
Applicant's Signature                      Print Applicant's Name & Title                      Date

**EMPLOYER COMMITMENT** *(Required of all part and full-time employees of a company or organization)*

This application has the approval of the undersigned organization, and the applicant has our full support and commitment which includes the time required to participate in the program.

\_\_\_\_\_  
Employer's Signature                      Print Employer's Name & Title                      Date

**COUNTY/MUNICIPALITY COMMITMENT** *(Required for appointed county/municipal officials and staff)*

\_\_\_\_\_  
County/City Manager's Signature                      Print County/City Manager's Name                      Date