



CONNECT NEW MEXICO
"The Next Generation of Leadership"

Re-CONNECT NEW MEXICO APPLICATION

INSTRUCTIONS

Type or print in black ink. It is important that each section be fully completed. Add additional pages if necessary. Applications must be signed by both applicant and employer/sponsor. The application must be returned, along with a recent 3" x 5" photograph or an electronic photograph suitable for use in publications and for publicity. (Please note that photographs will not be returned.) We are unable to accept facsimile applications.

SELECTION CRITERIA

The Re-Connect New Mexico Selection Committee seeks to identify individuals most likely to utilize their leadership abilities for the long-term benefit of New Mexico. Each applicant must be nominated by a Leadership New Mexico Core Program, Local Government Leadership Program, or Re-Connect New Mexico Program graduate. Re-Connect New Mexico will seek 40-45 young professionals, ages 25-40, who represent the various geographic regions of the state from the public, private, and non-profit sectors. Special consideration will be given to ensure diversity of race, gender, and occupational background.

PROGRAM TUITION

Leadership New Mexico program tuition is \$1,000 and covers all program costs. 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

Participants must agree to attend all of the functions sponsored by the program. Understand that attendance is **mandatory**, and that if more than 1 1/2 days of the session are missed for whatever reason, the participant will be automatically dropped from the program with no portion of the tuition refunded. If the participant fails to meet any part of the obligation of participating, they will be asked to withdraw from the program.

PLEASE MAIL APPLICATION TO:

Re-Connect New Mexico
Leadership New Mexico
P.O. Box 35696
Albuquerque, NM 87176-5696
Phone: 505.398.1500
Fax: 505.247.4755
leader@leadershipnm.org
www.leadershipnm.org



RE-CONNECT PROGRAM APPLICATION FOR SELECTION

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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Name of local newspaper (To be used for press releases) _____

EMPLOYMENT

Present Employer: _____ Beginning Date: _____

Type of Organization: _____ Job Title: _____

Briefly describe your responsibilities in your position:

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

Please check the category which best describes the area in which you presently work/serve (check only one).

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Community/Non-Profit | <input type="checkbox"/> Business | <input type="checkbox"/> Education | <input type="checkbox"/> Government |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Law | <input type="checkbox"/> Media | <input type="checkbox"/> Religion _____ |
| <input type="checkbox"/> Labor | <input type="checkbox"/> Social Service | <input type="checkbox"/> Other Specify _____ | |

EMPLOYMENT HISTORY *(Beginning with most recent)*

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

BUSINESS/PROFESSIONAL AFFILIATIONS (IF ANY): (Do not include civic organizations, public, or political activities)

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

EDUCATION

Name & Location of School	Degree/Certificate.Specialized Training	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.)*

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?

CONTRIBUTION TO LEADERSHIP

What specific skills/knowledge do you hope to gain from your participation in **Re-Connect New Mexico**?



TUITION

If accepted into the Re-Connect New Mexico program each participant, financial sponsor, and/or employer will be billed for the tuition fee of \$1,000 which covers all program costs.

Will you pay the tuition fee? YES NO

Will your employer/sponsor 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:

REFERENCES

Please list three people other than your Leadership New Mexico sponsor who are knowledgeable about your leadership performance and potential. In addition to your references, two letters of recommendation should be submitted with the application.

I. Name: Telephone: ()

Address: City State Zip

II. Name: Telephone: ()

Address: City State Zip

III. Name: Telephone: ()

Address: City State Zip

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.

Company Name: Telephone: ()

Address: City State Zip

Employer Signature Print Employers Name & Title Date

NOMINATING LEADERSHIP NEW MEXICO ALUMNUS

This applicant has the full support of the undersigned Leadership New Mexico Core Program, Local Government Leadership Program, or Connect New Mexico Program graduate.

Name: Telephone: ()

Address: City State Zip

LNM Alumnus Signature Date

COMMITMENT

If selected as a participant in Re-Connect New Mexico, I agree to attend all of the functions sponsored by the program. I understand that attendance is mandatory.

I hereby certify that the information in this application is complete and correct. I hereby give Leadership New Mexico 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 Signature Date

PLEASE MAIL RE-CONNECT APPLICATION TO: Leadership New Mexico P.O. Box 35696 Albuquerque, NM 87176-5696

