

LOCAL GOVERNMENT LEADERSHIP PROGRAM - Application

PERSONAL DATA

Full Name (for graduation certificates): _____

Preferred Name for Name Tag: _____

Date of Birth: _____ Age: _____ Gender: _____ Race/Ethnic Background: _____

Home Address: _____

Business Address: _____

Work Phone: () _____ Home Phone: () _____ Mobile Phone: () _____

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

Spouse or Parntner'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**?

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

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, materials, and speakers

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: _____

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 - 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