



## LEADERSHIP ORLEANS APPLICATION FOR ADMISSION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Home Email \_\_\_\_\_

*"I know no safe depository of the ultimate powers of the society but the people themselves; and if we think them not enlightened enough to exercise their control with a wholesome discretion, the remedy is not to take it from them, but to inform their discretion by education. This is the true corrective of abuses of constitutional power."*

*--Thomas Jefferson to William C. Jarvis, 1820. ME 15:278*

**LEADERSHIP ORLEANS** is a leadership development program for Orleans County. Our year-long educational programming focuses on building leadership skills while exposing participants to the necessary knowledge, experiences and people that make our community work. Sessions include community experts, tours, retreats and stimulating activities presented in an adult experiential learning environment around the topics of ethical leadership capacity building, servant leadership, economic and workforce development, agriculture, community health, arts and culture, diversity, education, tourism and recreation, and the public sector.

**LEADERSHIP ORLEANS** seeks individuals representing a cross section of the Orleans County community, including business, labor, education, arts, religion, government, community-based, ethnic and minority groups. **LEADERSHIP ORLEANS** unites leaders at all stages of their development in order to facilitate their understanding of community issues and operations, broaden their network, and inspire their decision to serve our community. Selection is based on demonstrated leadership abilities, interest in community affairs and a commitment to Orleans County's future.

Ideal candidates are individuals who have carefully considered participation in **LEADERSHIP ORLEANS** as a means to be involved in and accept responsibility for our community's shared concerns. Candidates must have the full support of their business or organization they represent.

**LEADERSHIP ORLEANS** will select participants based upon the information submitted in this application. Class size is limited to approximately twenty five. Graduates from the program are expected to use the network and knowledge gained through their participation to support **LEADERSHIP ORLEANS** in its mission of:

***Creating the nucleus for investment in the community through continuing education, volunteerism and networking to enhance leadership potential throughout our region.***

## INSTRUCTIONS

Applications must be completed in full and signed by the applicant, employer, and financial sponsor (representative/s of organization/s paying tuition and or the applicant him/herself). Incomplete applications will be returned. All applications are held in confidence. Limit answers to the available space. Deadline for applications is **5:00 p.m., October 15th.**

Application should be sent to: **Leadership Orleans**  
**409 E. State Street**  
**Albion, NY, 14411**

## EMPLOYMENT

Present Title \_\_\_\_\_

*(If your primary occupation is serving in an unpaid role for an organization, please indicate "Volunteer" under employment title.)*

Present Employer \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

## PERSONAL INFORMATION

Nickname (if applicable) \_\_\_\_\_ Birthday (mm/dd) \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

African-American \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Latino \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

How long have you lived or worked in Orleans County? \_\_\_\_\_

Have you ever participated in another community leadership program? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, when \_\_\_\_\_ and where \_\_\_\_\_

How did you learn about **LEADERSHIP ORLEANS**? \_\_\_\_\_

## EDUCATION

Provide most recent education; including college, business or trade schools, specialized training, high school.

Location	Major	Degree/Certification
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other employment opportunities you've held.

Employer

Title/Position

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What would you consider your most significant career accomplishment? \_\_\_\_\_

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How will your employer benefit from your participation in Leadership Orleans? \_\_\_\_\_

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## PROFESSIONAL INVOLVEMENT

List professional organization(s) that you are or have been a member of:

Organization

Role/Responsibility

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## VOLUNTEER INVOLVEMENT

List volunteer position(s) that you are or have been involved in:

Organization

Role/Responsibility

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Describe how as a volunteer you contribute to any of the above organizations. \_\_\_\_\_

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## GENERAL INFORMATION

Why do you want to participate in Leadership Orleans? \_\_\_\_\_

In your opinion, what is the most critical issue facing Orleans County? \_\_\_\_\_

How would you assist in addressing that issue? \_\_\_\_\_

## REFERENCES

Please list two people, not related to you, that we may contact who have knowledge of your qualifications.

Name	Organization	Daytime Phone No.
_____	_____	_____
_____	_____	_____

## PROGRAM COMMITMENT

**ATTENDANCE:** Once selected, your full attendance (substitutions are not allowed) at all sessions (approximately 8:00 a.m. to 5:00 p.m. is required; only two absences will be allowed. Additional time may be required for some session participation and other program elements. Attendance at the two-day Opening Retreat and one-day Closing Retreat is mandatory.

**TUITION:** Is **\$1,950.00** and must be paid in full prior to the Opening Retreat. Requests for payment arrangements may be made with the Program Director. Tuition is non-refundable. Candidates are expected to secure their own financial sponsor(s).

**SCHOLARSHIP:** A limited number of partial tuition scholarships are available and are determined based upon need and funding availability. Candidates applying for tuition assistance must complete and submit no later than October 15th, along with the application a separate **Scholarship Application**, Two letters of recommendation and a written explanation from the candidate stating their reason for requesting assistance. Scholarship Applications are available by calling the Program Director at 585-589-5605 x101.

## SIGNATURE REQUIREMENTS

Three (3) signatures are required. Applications submitted without all 3 signatures **will be returned**.

**CANDIDATE:** I understand the goals and my commitment to the Leadership Orleans program. If selected, I am willing to devote the time necessary to be a contributing member of the Leadership Orleans class, and I will attend all scheduled program sessions sponsored by Leadership Orleans (no substitutions are allowed). I understand that I am personally responsible for any tuition not paid by my financial sponsor/s or by scholarship assistance. I further understand that if I fail to meet these obligations, I will be asked to withdraw from the program.

**Candidate Signature** \_\_\_\_\_

**EMPLOYER:** I agree to allow my employee, if accepted, to devote the time necessary to be an active, contributing member of the Leadership Orleans class. (Candidates who are self-employed should sign as the employer signature)

**Employer Signature** \_\_\_\_\_

**Print Name/Title** \_\_\_\_\_

**Print Organization/Address** \_\_\_\_\_

**FINANCIAL SPONSOR:** I agree to pay \$\_\_\_\_\_ of the **\$1,950.00** tuition required for financial sponsorship of the applicant listed above if she/he is accepted into the program. I understand that tuition is due prior to the beginning of the program year in January and that it is non-refundable.

**Financial Sponsor Signature** \_\_\_\_\_ - \_\_\_\_\_

**Print Name/Title** \_\_\_\_\_

**Print Organization and Address** \_\_\_\_\_

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