



WEST POINT/CLAY COUNTY ADULT LEADERSHIP PROGRAM APPLICATION FOR PARTICIPATION

DUE DATE: FRIDAY, NOVEMBER 7, 2008

Title _____ Name _____

Home Address _____

City _____ State _____ ZIP _____

Daytime Telephone Number _____

E-mail Address _____

For the purposes of creating a diverse class, please indicate the following:

Age _____ Gender _____ Race/Ethnicity _____

Length of Time as an Clay County Resident _____ Years

Employer _____

Address _____

City _____ State _____ ZIP _____ Telephone _____

Present Position _____

Major Job Responsibilities _____

Business/Professional Organizations (excluding civic organizations, public office or political activities). Limit response to five organizations.

Education and Training (Include Professional Education)

School	Location	Dates Attended	Major	Degree

What civic and community clubs or activities have you participated in within the past three years?

What are your current interests and/or involvement in community service? (50 words or less)

What are your personal goals for the next five years? (50 words or less)

What benefit do you hope to gain from your experience in the leadership program? How do you anticipate your community benefiting from your participation in this program? (100 words or less)

If selected as a participant, I will commit the time and effort necessary to complete the total leadership program.

Signed _____

RECOMMENDATIONS:

List three persons who are qualified to comment on your abilities and character with regard to this type of program and ask them to complete the enclosed forms:

1. _____
2. _____
3. _____

Questions? Contact: Carolyn Ward • 662-494-5121 • cward@westpointms.org

As an employer, I understand the importance of this leadership development program within my workplace and the community in which we live. I will make it my responsibility to encourage _____ and support his/her effort by scheduling his/her duties to allow full participation in the program.

Signed _____

Title _____

Name of Organization _____

Also, to provide a measure of accountability, any participant who misses three classes for any reason will have his/her class record and reasons for absences reviewed by the Growth Alliance for possible expulsion from the program. Each case will be reviewed on an individual basis, and a final determination will be made by the Growth Alliance. As a service to the employers who are devoting resources to allow employees to participate in the program, the Growth Alliance will offer a class-by-class attendance report for each participant the employer desires. If you, as an employer, would like to take advantage of this report, please indicate below:

____ I would like to receive a class-by-class attendance report of this program applicant if (s)he is selected for the Growth Alliance Adult Leadership Development Program.

Submit entire application package by Friday, November 7, 2008 to:

Carolyn Ward, Program Associate/Office Manager
West Point/Clay County Community Growth Alliance
510 E. Broad St.
West Point, MS 39773
Phone: (662) 494-5121
Fax: (662) 494-6396
cward@westpointms.org



WEST POINT/CLAY COUNTY ADULT LEADERSHIP PROGRAM REFERENCE FORM

DUE DATE: FRIDAY, NOVEMBER 7, 2008

For the applicant:

I give _____ permission to share information with the Growth Alliance
(Reference's Name)

Selection Committee about my abilities to participate in the Adult Leadership Development Program. I agree to allow this reference to remain confidential and thus waive my right to view the contents.

Signature: _____ Date: _____

For the reference:

_____ has applied for participation in the Growth Alliance Adult Leadership Development Program and has given your name as a reference. This program seeks to discover emerging leaders in Clay County and help them to develop more fully in the areas of leadership skills, communication, community and economic development, and government. The program selection committee seeks your assistance in selecting the best qualified applicants to participate in the program by requesting your evaluation of the applicant in the following areas:

Place an X in the column that best describes the applicant in each of the following areas:

	EXCELLENT	GOOD	FAIR	POOR	DON'T KNOW
Communication Skills					
Organizational Skills					
Respect for Others					
Ability to Complete Tasks					
Dependability					
Cooperation with Others					
Sense of Humor					
Enthusiasm					
Sense of Fairness					
Flexibility					

Initiative					
Trustworthiness					
Resourcefulness					
Patience					

How long have you known the applicant?

How did you become acquainted with the applicant?

What is your impression of the applicant as an emerging leader in Clay County and the surrounding region?

Do you know any reason why this person should NOT be considered for this position?

_____Yes _____No

If yes, please explain:

Signature: _____ Date: _____

Thank you for your assistance!

If you have questions or wish to discuss this program further, please contact:

Carolyn Ward
(662) 494-5121
cward@westpointms.org

Please return this form by Friday, November 7, 2008, to:

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