

MARSHFIELD AREA CHAMBER FOUNDATION

Leadership Marshfield



Please type your application or print in black ink. Do not include a resume; all information to be submitted should appear on the application blank. All responses are kept in strict confidence. For more information, call the Leadership Coordinator (Debbie Bauer) at 715-384-3454.

_____	_____
Full Name (Mr/Mrs/Ms)	Name preferred for name tag
_____	_____
Home Address (include city & zip)	Phone
_____	_____
Business/Organization Name	Phone
_____	_____
Business/Organization Address (include city & zip)	Title

Email address correspondence should be sent to _____

Where do you prefer to have information sent? Work Home

How long have you lived/worked in the Marshfield area? _____

Are you applying as a representative of a business/industry? , as an individual? Or, as a representative of a club/organization? .

Name of business/industry or organization

1) Describe how you contribute to the success of your business or organization

2) Summarize your educational background and other training programs in which you have participated.

3) List, in order of importance to you, up to three organizations in which you have been or are currently active and any leadership responsibilities/positions held.

Organization	From/To	Leadership Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____

4) Describe a significant professional or civic leadership challenge you have undertaken.

5) Why are you interested in participating in LEADERSHIP MARSHFIELD?

Please rank your top five.

- | | |
|---|---|
| <input type="checkbox"/> Corporate Culture | <input type="checkbox"/> Professional Networking |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Generational Differences |
| <input type="checkbox"/> Presentation Skills | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Project Management | <input type="checkbox"/> Strengths Assessment |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Career Advancement |
| <input type="checkbox"/> Leadership Development/Style | <input type="checkbox"/> Team Building |
| <input type="checkbox"/> Conflict Resolution | <input type="checkbox"/> Other _____ |

6) Identify two issues you feel are critical to the Marshfield area and discuss one of them.

7) Who may we thank for referring you to the program?

8) Tuition for LEADERSHIP MARSHFIELD is \$895 per participant.

Make checks payable to: Marshfield Area Chamber Foundation

Payment enclosed for full tuition

I elect to use the 2-year payment option. Half of the tuition due by September 30 with the final payment due on January 31.

COMMITMENT

PERSONAL

- 9) LEADERSHIP MARSHFIELD **requires** total participation – 2-day retreat in September and one full day each month from September through April. **Participation in a community project is a requirement of the program that will require meetings held with your project group other than the monthly program dates.** If selected can you devote the required time to the program?

Yes

No

Are you a current member of the Marshfield Young Professionals? Yes No

If you have any special dietary needs you will be responsible for bringing your own lunches, snacks, etc.

ORGANIZATIONAL/BUSINESS

- 10) Nominees for LEADERSHIP MARSHFIELD **must** have the commitment and financial support of their sponsoring business or organization. The Signature of the head of the sponsoring organization is necessary as an indication of support for the nominee's participation in the program and commitment if the sponsoring organization is paying tuition. PLEASE PRINT

Signature of Supervisor

Title

Printed Name of Supervisor

Printed Title of Supervisor

Signature of Applicant

Title

Deadline: Application must be received at the Marshfield Area Chamber of Commerce & Industry, 700 South Central Avenue, Marshfield, WI 54449, or email to bauer.debbie@marshfieldchamber.com by August 1.

Class size is limited to 25

