

# Leadership DeSoto



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Tuition for the 2019-2020 Leadership DeSoto Program is \$550 per participant, and includes meals and transportation during class days, and materials for sessions. Included with this application is the Code of Conduct, with signature required. Application must be completed in full.

Leadership DeSoto is committed to including qualified applicants. Payment can be made by participant, their employer or a combination of both.

Please do not apply if you have been convicted of a felony or any type of sexual assault. Must be over 21 to participate in Leadership DeSoto. All applicants are subject to a background check.

**APPLICATION FOR 2019-2020 CLASS MUST BE RETURNED BY FRIDAY, MAY 31, 2019**

## 1. Contact Information

Name:	Title:
Company:	Email:
Mailing address:	Date of Birth:
City, State & Zip:	Gender:
Cell phone:	Business phone:

## 2. Education - list higher education, including short courses or continuing education.

School:	School:
Degree:	Degree:
Graduation Year:	Graduation Year:

## 3. Employment Information

Primary Occupation / Employer:
Job title:

Briefly describe your greatest responsibility, skills and/or career achievement:

#### 4. Employment History

Company:
Dates:
Job responsibility:

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Dates:
Job responsibility:

#### 5. References

Name:	Title:
Company:	Email:
Phone:	Relationship:
Years known:	

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#### 6. Prior Leadership Program Participation

Have you participated in another Community Leadership program?  Yes  No

If yes, please list the program(s) and the year(s) of participation:

Program	Year(s) of Participation

#### 7. Community Involvement – memberships, dates of service, offices held (if any) in organizations including college, professional, civic, church, industry organization or political.

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## 8. Essay Questions

Keep in mind that your answers are the only tool the Selection Committee has to learn about you, as we do not conduct interviews or accept letters of recommendation. Give yourself enough time to complete the questions thoughtfully. Please answer them thoroughly, but limit your answers to the space provided. Do not attach additional pages.

**Community Vision** - What assets and strengths do we have in DeSoto County that you are proud of?

**Community Vision** - Which challenge(s) facing DeSoto County are you most passionate about, and why?

**Personal Statement** - Why do you want to participate in Leadership DeSoto? Why should you be selected for the next class?

## 9. Application Agreement

If Accepted:

- I have cleared my calendar on the appropriate dates.
- I understand that any funds generated by the class fundraiser will be distributed by DeSoto Community Foundation.
- I will attend or participate in the 3 mandatory events: orientation, graduation ceremony and the class fundraiser which includes committee/planning meetings and ticket/sponsorship sales.
- I will attend a minimum of 7 out of the 9 day-long class days. If I am going to be absent from a class or mandatory event I will communicate in writing to the program director prior to the event.
- I understand that if I miss three class days OR any of the mandatory events, I will no longer be a participant in the program.
- I understand that the \$550 tuition is due by August 30<sup>th</sup>, and that I am personally responsible for any portion of tuition not paid by my employer.  
**\*If Employer pays for any part of tuition, they will be notified of any class absences.**

By signing this application, I agree to be bound by this commitment if I am selected for Leadership DeSoto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 10. EMPLOYER AUTHORIZATION (if applicable)

I approve the participation of \_\_\_\_\_ in the Leadership DeSoto program. This applicant has the approval and full support of this organization, including the time required to successfully complete the program. I have reviewed and approve of the applicants commitment in section 9 of the application. (For applicants who answer directly to a board of directors, such as an executive director of a non-profit organization, please have the board president or chair sign)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

I agree to pay \$\_\_\_\_\_ of the Leadership DeSoto tuition for the above applicant if accepted. I understand the tuition is nonrefundable and nontransferable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_