



The Chamber of Commerce is excited to offer Leadership Connect, a Community Adult Leadership Program.

The Mission of the program is to:

### "Develop Leadership capacity for improved quality of community and self"

This is a comprehensive Community Leadership Program that contains two components.

- » Personal Leadership Development The participants will receive over 30 hours of leadership skill training. Each month a segment of the day will be spent on personal development. Some of the skill sets that will be covered in the program are; Understanding your leadership style, Teamwork, Problem Solving, Decision Making, Managing Conflict, Presentation Skills, Communication, Building Trust, Customer focus, etc.
- » Community Awareness The class will explore seven different areas of the community and how they connection with one another. Each month the class will be meeting at various locations throughout the area. The participants will finish with a comprehensive understanding of the community.

If you have any questions, please contact Nancy Manglos, 616-402-1438.

Sincerely,

Nancy Manglos

Director of Talent & Leadership Development

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## **Application Instructions**

To assist the Selection Committee in giving you fair consideration, complete this application as accurately and completely as possible.

The Selection Committee is looking for applicants who...

- » Demonstrate commitment to the area.
- » Are willing to commit the time required to the Leadership program.
- » Are willing to invest time, resources & talents into strengthening our community.
- » Demonstrate a desire to better understand and improve their leadership style.

#### Send to:

The Chamber of Commerce 1 S. Harbor Drive Grand Haven, Mi. 49417 Attn: Nancy Manglos

If you have any questions, please call Nancy Manglos at 616-402-1438.

The class is limited to 20 participants.



# **Leadership Connect Application**

| Name:                                     |                                   |                                                      |                                    |                                                 |                                 |
|-------------------------------------------|-----------------------------------|------------------------------------------------------|------------------------------------|-------------------------------------------------|---------------------------------|
|                                           | Last                              |                                                      | First                              |                                                 | Preferred Name                  |
| Business Address:                         |                                   |                                                      |                                    |                                                 |                                 |
| Phone: Bus                                | Street                            |                                                      | City<br>Res                        | ×                                               | Zip                             |
| Cell Phone                                |                                   |                                                      |                                    |                                                 |                                 |
| Email                                     |                                   |                                                      |                                    |                                                 |                                 |
| Title or Responsibil                      | ity:                              |                                                      |                                    |                                                 |                                 |
| Supervisor's Name                         | & Title:                          |                                                      |                                    |                                                 |                                 |
| Supervisor's Addre                        | ss, if different from             | above:                                               |                                    |                                                 |                                 |
| What do you consid                        | der your highest res              | sponsibility, skill or caree                         | er achieveme                       | nt so far?                                      |                                 |
|                                           |                                   |                                                      |                                    |                                                 |                                 |
| Education                                 |                                   |                                                      |                                    |                                                 |                                 |
| (List colleges, busin                     | ness or trade schoo               | ls and/or other specialize                           | ed training)                       |                                                 |                                 |
| Name & City of Sch                        | nool                              | Dates from-                                          | То                                 | Degree                                          | Major<br>                       |
| Special Awards, Ho                        |                                   | ar Activities and Any Spe                            | cial Honors (                      | or Awards for Leader                            |                                 |
| Organizations                             | and Activities                    | 5                                                    |                                    |                                                 |                                 |
| (Please list, in orde organizations of wh | er of importance to value or have | you, community, and cive been a member) – <b>not</b> | ic, professio<br><b>e these ma</b> | nal, business, religio<br><b>y be published</b> | ous, social, athletic and other |
| Or                                        | ganization                        | Approximate Date                                     | es of Membe                        | rship Positio                                   | on Held or Participation        |
| 1                                         |                                   |                                                      |                                    |                                                 |                                 |
| 2                                         |                                   |                                                      |                                    |                                                 |                                 |

## **Commitment** Attendance at a 2-day retreat in September, day-long sessions, held each month, October through April, and a graduation program in May, are mandatory. Persons who cannot adjust their schedules to accommodate these 10 days should not apply. Class members are expected to attend each day session in its entirety. Are you and your employer willing to make such a commitment? Yes \_\_\_\_\_ No \_\_\_ References (1 Employment related and 1 Non-employment related) \_\_\_\_\_ Phone: \_\_\_\_\_ Business Address: \_\_\_ Name/Title: \_\_\_ Business Address: \_\_\_\_\_ Phone: \_\_\_ **Tuition/Funding and Financial Assistance** Tuition for the Leadership Connect program is \$1900 per participant, and is payable at the time of acceptance to the program. Tuition is payable to Northwest Ottawa Chamber Foundation and is deductible under the Internal Revenue Service Code as a business expense. **Acknowledgment** I have discussed with my supervisor my intention to participate in the Leadership Connect program. I understand that attendance at all scheduled Leadership sessions is mandatory, because my participation is essential to the program's success. I have reviewed with my supervisor the program schedule and have received permission to be absent from work on all scheduled dates. I have also discussed with my supervisor the importance of my participation in each session and that absence could result in my dismissal from the Leadership Connect Program. Signature of applicant Employer's signature Date: \_\_ Date: \_\_ (This verifies the employer's understand of attendance and tuition requirements) **Selection Criteria** Leadership Connect is designed to bring together a diverse group of new, emerging and potential leaders from the area. The participants will learn about and address pertinent community needs. The participants will strengthen their individual leadership abilities to help the community respond to changing needs. Acceptance is based on: A demonstrated commitment to the area

• A desire to better understand and improve leadership skills Interest in future community involvement

| mmarize now you would use your experience after the program to benefit your employer, your community and urself. |   |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------|---|--|--|--|--|--|
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