Leadership Gilroy Participant Application

Personal Information:

| Date: | - | |
|---------------------------------------|---|-------------------------------------|
| Name: | | Phone: |
| Address: | | |
| | State: | |
| Email: | | _ |
| Date of Birth: | | _ |
| Employment Information | on: | |
| Current Employer: | Job Title | e: |
| Type of Business: | | |
| Business Address: | | |
| | State:Zip: | |
| Describe Your Current Job Respor | nsibilities: | |
| Organization and Com | | |
| Please list involvement in any commur | nity, civic, professional, religious, socia | al, athletic or other organizations |
| Organization | Position Held | Dates of Participation |
| | | |
| | | |
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Program Details:

The program runs from February through November. Based on experience, we know that program success requires full participation in key events for team building and foundational content. Therefore, Leadership 101, Retreat and Closing Session are considered mandatory dates to attend. In addition to these dates, class members are encouraged to attend all class days and other scheduled events. Each class must present and complete a hands-on community project. The program cost is \$1,750 which can be paid by class members, their employer or a community sponsor.

Participant Commitment:

| i understand the program guidelines and am committ | led to participation in Leadership Gilroy. |
|--|--|
| My employer or sponsor will pay the tuiti | on fee. |
| I will pay the tuition fee. | |
| If you would like to inquire about a scholarship, plea | se email Info@leadershipgilroy.org |
| Applicant Signature: | |
| Date: | |
| References: | |
| Name: | _ |
| Email: | Phone: |
| | |
| Name: | _ |
| Email: | Phone: |

Thank you for your interest in the Leadership Gilroy program! Please submit your completed application to our office at 7471 Monterey Street, Gilroy, Ca or via email at info@leadershipgilroy.org. After review of your application, you will be contacted to schedule an interview.