

Iowa Valley Leadership

Directions: Please complete each section fully. Sign & submit to address on back.

Personal Data

Name _____
Last First Middle Preferred Name

Home Address _____ Date of Birth _____
Street City Zip

Home Phone _____ Cell Phone _____

Home e-mail _____ Emergency Contact _____

Employment

Business _____
Name Street/Box City Zip

E-mail _____ Phone _____

Position _____ Length of employment _____

Describe current role/responsibilities _____

Supervisor or contact person _____
Name Title
Phone e-mail

Education

(Include college, business or trade schools, other specialized training, and high school; begin with most recent.)

Institution	Dates	Major	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Qualifications

What strengths & experiences would you bring to the program? _____

What do you hope to gain from your participation in the course? _____

Community Involvement

Organization	Positions Held	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Areas of interest and/or future community involvement _____

Conditions & Agreement

2020/2021 Class dates & Topics:

September 17 & 18, 2020	January 22, 2021
October 15	February 18
November 19	March date TBD
December 10	April 15
	May 20

By submitting this application to IVL, the applicant indicates a commitment to:

1. **Attend opening retreat in full.** Acceptance to the program is contingent upon this.
2. Attend all sessions and graduation (Session dates provided in the informational flyer). Participants missing more than two sessions will be asked to leave the program.
3. Participate in the group project.
4. Seek out and accept greater community leadership roles upon completion of the program.

I understand the commitment required to succeed in Iowa Valley Leadership. If selected, I will devote the required time as listed above and support the goals of the Iowa Valley Leadership Program.

Applicant's signature _____ Date _____

Supervisor's signature _____ Date _____

Tuition is \$785, provides for 90 contact hours of training over the course, all meals and materials.

Who will be responsible for your tuition? Self _____ Employer _____ Other _____

A limited number of partial scholarships may be awarded. If interested, please explain your needs.

Return by, August 14, 2020 to: Iowa Valley Leadership • Marshalltown Area Chamber of Commerce • P.O Box 1000 • Marshalltown, IA 50158
• Phone 641-753-6645 • lolberding@marshalltown.org