

LEADERSHIP IOWA FALLS EXPERIENCE (LIFE) 2018-2019

Directions: Please complete each section fully; add pages if necessary. Sign & submit to address on back by Aug. 31, 2018.

Personal Data

Name _____
Last First Middle preferred first name

Home Address _____ Date of Birth _____
Street City Zip

Home Phone _____ Home e-mail _____

Cell Phone _____

Employment

Business _____
Name Street/Box City Zip

Phone _____ E-Mail _____

Position _____ Length of employment _____

Describe current role/responsibilities: _____

Supervisor/Employer _____

Name Title

Phone e-mail

Qualifications

What strengths & experience would you bring to LIFE? _____

What do you hope to gain from the course? _____

Civic, Professional, Religious, Social or Athletic Activities

Organization	Positions Held	Dates
_____	_____	_____
_____	_____	_____

Areas of interest &/or future community involvement: _____

Conditions & Agreement

Applicant's LIFE agreement

By submitting this application to LIFE 2018-2019, the applicant indicates a commitment to:

1. attend all sessions, (call **Diana Thies at (641) 648-5549** or **Jacque Goodman at (641) 844-5640**)
2. prepare to interact and contribute to individual and group growth;
3. participate actively in the selection and implementation of the LIFE 2018-2019 community project;
4. seek out and accept greater community leadership roles upon completion of the program.
5. allow IVCCD to use photos, videos, or quotes for informational or promotional purposes.

Successful completion of the program will result in a graduation award and a certificate for 10 CEUs from Iowa Valley Continuing Education for this Community and Professional Development course.

I understand the commitment required to succeed in LIFE (Leadership Iowa Falls Experience) 2018-2019. If selected, I will devote the required time as listed above and support the goals of the LIFE Program.

Applicant's signature _____ Date _____

Employer's LIFE agreement

I fully support the application of _____ for the LIFE 2018-2019 Program. I represent that his/her employer is willing to make available the necessary time for full participation in all scheduled classes and activities.

Employer signature _____ Date _____

Tuition, \$375, provides for 80 contact hours of training over the course of 13 days, all meals, materials, and transportation. Do not include payment with application.

**Return by August 31, 2018 to:
Iowa Falls Chamber/Main Street
520 Rocksylvania Ave Iowa Falls, IA 50126**

It is the policy of Iowa Valley Community College District that no individual will be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by the District on the basis of actual or potential parental, family or marital status; age; color; creed; gender identity; national origin; physical or mental disability; race; religion; sex; or sexual orientation as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq). Iowa Valley Continuing Education students who feel they have been discriminated against are advised to contact Jacque Goodman, Equity Officer, at 641-844-5640 or Jacque.Goodman@iavalley.edu. Complaints may also be filed with the Director of the Iowa Civil Rights Commission in Des Moines at (515) 281-4121 and/or the U.S. Department of Education, Office of Civil Rights, at the Chicago office, 500 W. Madison St., Suite 1475, Chicago, IL 60661; (312) 730-1560. Retaliation against any individual for reporting discrimination or assisting in providing information relevant to a report of discrimination is strictly prohibited by IVCCD and constitutes a violation of this policy.