



CONFIDENTIAL APPLICATION FOR APPOINTMENT

INSTRUCTIONS

Type or print in black ink. Please complete fully each section. Application must be signed by both the applicant and the employer/sponsor and returned no later than 5:00pm on **September 15, 2006**. Include a **\$50.00** nonrefundable application-processing fee (check payable to the Auburn Center for Social and Economic Policy, ACSEP). Resumes are not accepted in lieu of this application and will not be reviewed. All applicants are expected to participate in a personal interview with the program director.

SELECTION CRITERIA

The 2006-2007 participants will be selected based on criteria including commitment to community involvement, evidence of leadership skills, and professional and personal achievement. Because diversity is a core value of the Leadership Institute, participants will reflect diverse employment, professional and geographic backgrounds. The Leadership Institute does not discriminate against applicants and participants on the basis of race, religion, sex, national origin, sexual orientation, age, physical ability or occupation. All applications will be handled in the strictest confidence.

TUITION

Tuition for each participant in the Leadership Institute is **\$1100** (this does not include the \$50 application fee), of which at least **\$150** must be paid by the participant personally. Tuition is payable upon receipt of invoice after acceptance into the Institute. The Leadership Institute has a limited number of scholarships available. Candidates requesting tuition assistance through a scholarship must request a scholarship application.

COMMITMENT

Class participants are expected to:

- Attend the all day orientation on Saturday, October 7, 2006
- Attend all nine monthly full day, 2nd Wednesday sessions, including the June 13, 2007 graduation banquet
- Participate in all class projects and assignments

Sponsored by the following companies who are committed to leadership development:

 Auburn
Regional Medical Center
Big city healthcare, right here at home.

+ CATHOLIC HEALTH
INITIATIVES

St. Francis Hospital

MultiCare 
Where your health comes first



I. Personal Data

Date _____



Name _____
Last First Middle

Home Address _____
Street City Zip

Business/Organization _____

Business Address _____
Street City Zip

Home Phone _____ Business Phone _____

Fax _____ Email _____

Length of Residence in South Puget Sound Area _____

Hobbies _____

II. Education

(Begin with high school, college(s), advanced and/or specialized training)

A. Name and Location of School	Dates	Degree	Major

B. Special Awards for Academic Performance: _____

C. Extracurricular Activities (Leadership positions, special honors and awards received during school years.) _____

III. Employment

Present Employer _____ Starting Date _____

Type of Organization/Business _____

Title or Responsibility _____

A. Briefly describe your responsibilities in your present employment: _____

B. List previous employment in reverse chronological order: (Include active military duty.)

Employer	Title/Responsibility	From	To
----------	----------------------	------	----

C. What do you consider your highest career achievement to date? _____

C. Business/Professional Affiliations (if any):

(Not including civic organizations, public office or political activities)

Name of Group	Positions Held	Period of Affiliation
---------------	----------------	-----------------------

_____		To _____
_____		To _____
_____		To _____
_____		To _____

IV. Community Involvement

A. Include community, civic, religious, political, government, social, athletic, or other activities. Do not include business/professional activities. Please indicate major role in the organization at this time.

Organization _____

Assignment/Position _____

IV. Community Involvement, Continued

Assignment/Position, *continued* _____

Describe responsibilities _____

B. What do you consider your most important accomplishment in one of the above organizations? Why? _____

C. How much time each month do you commit to volunteer work? _____

V. Your Thoughts

(One of the goals of Leadership Institute is to build a network of community leaders who can enhance their problem solving and other leadership abilities through shared perspectives and working together.)

A. What specific skills/knowledge do you expect to gain from your participation in Leadership Institute? _____

B. How do you think Leadership Institute will help you reach your personal and professional goals? What unique qualities will you bring to the leadership class? _____

VI. Commitment

(To graduate from Leadership Institute, participants are expected to attend all sessions.)

Orientation – Saturday, October 7, 2006

One full weekday each month – October through June, the second Wednesday of each month

Graduation/Closing session – Wednesday, June 13, 2007

I understand the purposes of the Leadership Institute program, and if I am selected, I will devote the time and resources necessary to complete this program. I understand that any participant missing more than one session may be asked to withdraw from the program and no portion of the tuition shall be refunded. However, emergencies do arise, and the Leadership Institute makes every effort to accommodate special circumstances. I understand if any participant proves to be a disruptive influence or shows disregard for the Institute's objectives or well being of the class, they will be suspended without refund upon review by the Board of Regents. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature _____ Date _____

I was nominated for Leadership Institute by:

Name: _____

Business: _____

Phone: _____

TUITION

If accepted into the Leadership Institute, you or your employer/sponsor will be billed for the tuition fee, which covers all program costs. Arrangements for tuition payment must be made by the October 7th orientation.

(All participants are expected to pay a portion (**at least \$150**) of the tuition themselves.)

EMPLOYER/SPONSOR COMMITMENT (if applicable)

This application has the approval of this organization/business and the applicant has our full support, which includes the time required to participate in this program.

Organization/Business _____ Phone # _____

Signature _____ Title _____

APPLICATION SHOULD BE MAILED TO: Leadership Institute of South Puget Sound
c/o Auburn Area Chamber of Commerce
108 South Division Street, Suite B
Auburn, Washington 98001

Questions, contact Lynn Norman at:

253-833-0700

253-735-4091 fax

lynn@auburnareawa.org

DEADLINE FOR APPLICATIONS IS **September 15, 2006**