

APPLICATION

**GILA VALLEY LEADERSHIP**

CLASS XIV – 2018/2019

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Thank you for your interest in applying to the Gila Valley Leadership program. GVL is a 10-month leadership development program designed to enhance the abilities of individuals to serve and strengthen our communities. GVL is organized through the Graham County Chamber of Commerce with the generous support of numerous businesses and organizations in the Gila Valley.

***Instructions***

Please complete each section below. Type or print in ink. Please limit answers to the space available. Applications must be received at the Chamber office by Thursday, August 23, 2018. **Release of liability must accompany application.**

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***Personal Information***

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Name: \_\_\_\_\_ Preferred name to be called: \_\_\_\_\_

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Home Address: \_\_\_\_\_

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Business Address: \_\_\_\_\_

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Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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E-mail address: \_\_\_\_\_

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Occupation: \_\_\_\_\_

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***Current Employment***

Employer	Title	From	To

***Education***

Name/City of School	Dates Enrolled	Degree/Certificate

***Please answer the questions below in the space provided. Please type or print your answers in ink.***

Involvement and leadership come in many forms. Please list, in order of importance to you, up to three community, civic, professional, political, business, religious, social, athletic, or other activities in which you have participated. Discuss your contributions to each, including positions held or major responsibilities.

1.

2.

3.

What do you consider your highest professional or volunteer achievement and why?

What do you most enjoy about your volunteer and/or civic activities?

What specific skills and/or knowledge do you hope to gain from participating in Gila Valley Leadership?

If you were to gain your expectations how would you implement them in your community or workplace?

What do you feel are the three most significant challenges facing the Gila Valley at this time?

What do you think needs to be done to address one of those challenges?

What are the two most notable opportunities the Gila Valley has to offer?

What do you believe needs to be done to develop one of these opportunities?

Why do you think you are a good candidate for this leadership development program?

***References (two required)***

Name	Relationship	Address	Phone

***Gila Valley Leadership Alumni Organization***

Each graduate is encouraged to recruit a new class member and participate in the following year's program planning. There is a minimal \$5.00 annual Alumni fee or a one-time lifetime dues of \$50.

***Health & Wellness***

Ofttimes classes can and will involve moderate-to-persistent walking and standing throughout the course of the day; occasional hiking and higher elevations than what you may experience normally. It is for your safety, as well as others, we ask you to consider any difficulties you could encounter from any activity.

***Class Commitment***

Traditionally, classes occur on the third Thursday of each month from 8am—5pm, September through June. Class members are expected to participate fully in the program fully, as well as the class project. The Graham County Chamber of Commerce will present a free Individual Lifetime Membership to those students with perfect attendance for the year. Generally, participation requires one full day per month for 10 months and a modest amount of additional personal time working on a team community service project. Potentially there will be outside assignments that will need to be completed between classes in an effort to prepare you for the upcoming month’s course. These assignments should take less than 30 minutes to complete over the course of one month.

***Agreement of Understanding***

I have read and understand the Class Commitment as explained above and am willing to honor that commitment.

**Signature:**

**Date:**

As the **supervisor/employer** of the Gila Valley Leadership applicant, I understand the commitment of this leadership development/training program, and agree to provide the applicant with the time away from the workplace to attend all scheduled activities.

**Signature:**

**Date:**

***Deadline***

**Applications must be received by the Graham County Chamber of Commerce by August 23, 2018:**  
Graham County Chamber of Commerce  
1111 Thatcher Blvd.  
Safford, Arizona 85546

***For more information, contact the Graham County Chamber of Commerce, (928) 428-2511.***

***Tuition***

Gila Valley Leadership class members (or their sponsors/employers) are responsible for the tuition cost of \$400 (classes, lunches, and class shirt). Scholarships (up to 50 percent of the total tuition) are available based upon financial need and the availability of scholarship funds. **Shirt Size:** \_\_\_\_\_

**Full payment of tuition is due no later than September 10, 2018.**

## **ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY**

I, \_\_\_\_\_, understand that my participation in the Gila Valley Leadership program may expose me to above normal risks due to travel, touring of area agriculture, mining, and government facilities and participation in team building exercises and encounters with other natural and man-made hazards.

I also understand that although Gila Valley Leadership (a leadership development program administered by the Graham County Chamber of Commerce) will take precautions to provide proper instruction and supervision, it is impossible to guarantee absolute safety. I also understand that I share the responsibility for safety during the program and I assume that responsibility. If at any time I feel uncomfortable with an activity, I can exercise my right to withhold participation.

I have in place personal health insurance and am responsible for any medical expenses that may arise as a result of accidental injury during participation.

I understand that parts of the program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate. I understand that each participant must assume the risk of physical injury that could result from any of the activities. I hereby release Gila Valley Leadership and the Graham County Chamber of Commerce, its staff members, board/committee members, volunteers, financial supporters, and general members from all liability for any injury to me from participation in the Gila Valley Leadership program. I understand that these terms shall serve as a release of liability for my heirs, executors, administrators, and all members of my family.

I understand and agree to the above terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Confidential Participant Information

Name: \_\_\_\_\_ (please print)

Emergency Contact: \_\_\_\_\_ phone \_\_\_\_\_

If you have any limiting disability, temporary or permanent; have any allergies, reactions to medications or other medical limitations; or, are currently taking any prescription / non-prescription medication— please explain below (using other side if necessary).