

# LEADERSHIP COLUMBUS

A Program of The Greater Columbus, GA Chamber of Commerce

*The goal of Leadership Columbus is to provide Columbus and the region with trained leaders and volunteers to guide the community into and through the 21<sup>st</sup> century. Leadership Columbus will expose highly talented and highly motivated leaders to economic, governmental and socio-cultural issues which will determine the future direction of the area and get them involved in addressing and solving these issues.*

## Application 2019 - 2020

### Instructions

#### Application Instructions

- ◆ Please complete each section in full according to the directions.
- ◆ Type or print in black ink.
- ◆ Limit answers to available space.
- ◆ **One letter of recommendation** will be accepted. No other attachments will be considered. (No resumés.)
- ◆ Application must be signed by CEO/sponsor and candidate. **Applications received after July 19, 2019 will not be considered.**
- ◆ All applicants will be notified by August 9, 2019.
- ◆ Read and submit requirements as described on the last page of this application.

#### Tuition Information

Tuition: \$1550.00

### Leadership Columbus Selection Criteria

- Application to Leadership Columbus is open to persons living within Columbus and the region.
- Class size will be determined in increments of 15. The minimum class being 30 participants and the maximum being 45.
- Class members are chosen by the Selection Committee on their own merit based upon the information completed on the enclosed application. The Committee seeks representation from a cross section of the community including business, labor, education, the arts, religion, government, community based organizations, ethnic and minority groups.
- Applicants must have the full support of the organization they represent.
- **Attendance at the monthly sessions is mandatory. Those who fail to attend are asked to withdraw.**
- In reviewing applications, the Selection Committee looks for potential participants who demonstrate the following criteria:
  - Commitment and motivation to serve Columbus and the region in a volunteer capacity.
  - Policy shaping responsibility or position of leadership in employment and/or volunteer organizations resulting in the potential to have significant influence on important issues facing the community.
  - Ability to make the time commitment required by the program.
  - Previous volunteer experiences.

# Confidential Application

Please type or print in black ink.

## I. Personal Data

Name \_\_\_\_\_  
*Last First Middle*

Spouse's Name \_\_\_\_\_

Preferred Name (for name tags) \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_\_\_

Preferred E-mail Address (all communication will occur in this manner) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home E-mail \_\_\_\_\_

Years in Columbus area \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

## II. Employment

Email Address \_\_\_\_\_

Present Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Title & Responsibility \_\_\_\_\_ Since \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*Use P.O. Box if applicable Number Street*

\_\_\_\_\_ *City State Zip Code*

## III. Education

A. School/College Degree (List highest degree only)

\_\_\_\_\_

B. Special Awards/Honors

\_\_\_\_\_

## IV. Activity Data

A. Major leadership role(s) at this time or previous roles:

1. Organization \_\_\_\_\_ Position \_\_\_\_\_ Since \_\_\_\_\_

Describe responsibility \_\_\_\_\_

2. Organization \_\_\_\_\_ Position \_\_\_\_\_ Since \_\_\_\_\_

Describe responsibility \_\_\_\_\_

3. Organization \_\_\_\_\_ Position \_\_\_\_\_ Since \_\_\_\_\_

Describe responsibility \_\_\_\_\_

B. What do you consider your most important accomplishment in *one* of these organizations? Why?

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C. Please list, in order of importance to you, up to three civic, professional, business, religious, social, community, athletic or other organizations of which you are or have been a member.

Organization	Dates of Membership
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1. \_\_\_\_\_  
Responsibility \_\_\_\_\_

2. \_\_\_\_\_  
Responsibility \_\_\_\_\_

3. \_\_\_\_\_  
Responsibility \_\_\_\_\_

D. How much time each month do you commit to volunteerism? \_\_\_\_\_

F. What types of volunteer activities do you plan to pursue in the future? \_\_\_\_\_

F. If you have not had the time or interest to become actively involved in the past, what conditions have changed that now enable you to seek involvement in the community? \_\_\_\_\_

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## V. General Information

One of the goals of Leadership Columbus 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 do you feel are the four most significant problems facing Columbus and the region today?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

B. What do you feel could be done to solve *one* of these issues? \_\_\_\_\_

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C. What are the three most notable opportunities that Columbus and the region has to offer?

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

D. Why should the selection committee pick you for Leadership Columbus?

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E. What specific skills/knowledge do you hope to gain from your participation in Leadership Columbus?

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F. Provide a reflective paragraph describing two (2) strengths and two (2) weaknesses as it relates to you as a leader. Please include areas you consider to be “cutting edge” for you as a leader.

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## VI. Recommendations

### CEO Sponsorship

This candidate has my full support to participate in Leadership Columbus. I am aware of the time commitment involved in his/her effective participation, as well as the financial obligation. **This must be signed by the firm's Chief Executive Officer**, if other than the applicant.

Name \_\_\_\_\_ Title \_\_\_\_\_ Organization \_\_\_\_\_

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

### Personal Recommendations

Please list two persons other than your CEO sponsor, who are knowledgeable about your leadership performance and potential. You may submit ONE letter of recommendation from one of the persons listed below.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

## VII. Commitment

### **To graduate from Leadership Columbus, a participant is expected to attend all sessions.**

Each class participant is expected to participate fully. This participation includes:

- Approximately 25 hours of coordinated community experiences. You will need to participate in a class project. Timely completion of the community experiences is required.
- One full day per month (sessions are held **generally** on the **third Tuesday** of each month beginning Sept. 2019 through June 2020). Monthly sessions run from approximately **7:45a.m.— 5:15 p.m.**, attending each day from the start time, through lunch, until dismissal after the evaluations.
- Any schedule changes are announced well in advance for your planning. Each class participant is allowed only one excused absence that you must be away from the program.

Participating in the Leadership Development component of the class is required fully. This component includes a leadership profile and professional development throughout the year with the Leadership Institute at CSU. The professional development component is built into several of the monthly sessions throughout the year.

- Attendance at the graduation is **strongly encouraged**.

Will you be able to fulfill this commitment of approximately 175 hours?

If yes, please sign: \_\_\_\_\_

Participants or their sponsoring organization must be a member in good standing of the Greater Columbus Chamber of Commerce. Are you or your sponsoring organization a member of the Chamber? YES ( ) NO ( )

Participant will commit to at least two years of volunteer service after graduation, and will serve on a Chamber committee, commission or board within the city/community/region. Will you be able to fulfill this requirement? YES ( ) NO ( )

I understand the goals and commitments of the Leadership Columbus program. If selected, I will devote the required time and pay my tuition by September 2, 2019.

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

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**IMPORTANT!!! PLEASE READ!!!**

**Send:**

- Completed application
- One letter of recommendation

**Deadline for application: July 19, 2019.**

***Applications submitted without the above required items will NOT be considered. Do NOT fax your application!***

**TO:** Leadership Columbus, P.O. Box 1200, Columbus, GA 31902-1200  
Attention: Amy Bryan  
Phone: (706) 596-7000