



## **APPLICATION**

*Class of 2017*

### ***Mission:***

Leadership Hastings is an enrichment program coordinated by volunteers and designed to foster the community's quality of life through leadership development, awareness enhancement and community involvement.

### **Goals and Objectives:**

A series of programs are coordinated to achieve the following objectives:

- To develop an increased awareness of community assets and challenges in the areas of agriculture, business, culture, education, government, health, human services, law and recreation.
- To enhance leadership skills and qualities which lead to creative and insightful problem solving.
- To encourage involvement and commitment to sharing knowledge and leadership skills in community, work, and family.
- To foster a diverse leadership base while at the same time creating an alumni network.

### **Time Commitment:**

The 9 class sessions are tentatively scheduled for every second week on Wednesday between 8:00 am and 5:00 pm for the months September through May. A graduation luncheon will be held in May on the last class day. Additional time commitments will include participation in fundraising and class project meetings. Class member attendance drastically impacts quality of education for the class and the program's impact on the class and community.

Leadership Hastings actively seeks applications from all segments of the community and class size is limited.

For more information please call Deb Sharrick at 402-519-8019 or email [leadershiphastings@gmail.com](mailto:leadershiphastings@gmail.com)

### **Selection Criteria**

At a minimum, successful candidates will demonstrate:

- Interest in community leadership roles
- Participation in activities other than those typically associated with applicant's job
- History of achievement
- Concern for community issues
- Desire for personal development

Selection is a weighted process based on the aforementioned criteria. Selection will be completed by June 30, 2016

### **Application and Deadline**

Applications are due by midnight, Wednesday, June 15, 2016.

### **Tuition**

Tuition for the program is \$525. This covers a portion of the actual cost per person for orientation, program coordination, session curricula, class materials, group transportation, speaker fees, facility charges, and graduation. Limited scholarships are available where need is demonstrated. Scholarship requests must be submitted in writing with the application.

### **Program and Schedule**

Participants will attend:

- Nine (9) full-day sessions Sept thru May (generally 2<sup>nd</sup> Wednesday)
- Graduation May 2017
- Participation in Leadership Hastings Fundraiser(s), and
- Class Project

Participants who miss more than two (2) class sessions will have their continued participation reviewed by the Board of Directors.

### **Application Guidelines**

Leadership Hastings is a **leadership development** program for community members who wish to work and volunteer in a **leadership** capacity.

Application Details:

- Follow application checklist and complete all areas of the application
- Applications are confidential
- Applications will not be returned
- Late applications will not be considered

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### **Application Submission Checklist (Submit in the following order):**

#### **Original:**

- ✓ Applicant Information, Page 3
  - ✓ Applicant & Employer Commitment (must be signed by both), Page 4
  - ✓ Narrative Questions, Page 5 (not to exceed 3 total pages. Please put your name and company name on these pages)
- \*\*\*Do not submit the first 2 pages of application.)

### **For Additional Information, contact:**

**Deb Sharrick**, Executive Director

Leadership Hastings

P.O. Box 1104

301 S Burlington Ave

Hastings, NE 68901

402-519-8019

FAX TO: 402-461-4400

leadershiphastings@gmail.com

Date: \_\_\_\_\_

**Personal Information**

Applicant Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Home email: \_\_\_\_\_

Length of Residence in Adams County: \_\_\_\_\_ Length of Employment in Adams County: \_\_\_\_\_

Please tell us about any special needs (i.e. hearing, sight, mobility, learning, etc.): \_\_\_\_\_

Do you have a specialized diet or food allergies (i.e., vegetarian/vegan, gluten free, dairy free, nut allergies, etc.): \_\_\_\_\_

**Current Employer Information (Complete even if your employer is not sponsoring you)**

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone # (direct line preferred): \_\_\_\_\_ Work Fax #: \_\_\_\_\_

Work email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor Phone #: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

**Education**

| Name of School(s) | Location | Years Attended | Field of Study | Year of Graduation | Degree Awarded |
|-------------------|----------|----------------|----------------|--------------------|----------------|
|                   |          |                |                |                    |                |
|                   |          |                |                |                    |                |
|                   |          |                |                |                    |                |

How did you find out about Leadership Hastings? (Check all that apply)

- Employer   
  Friend   
  Colleague   
  Media   
  Chamber of Commerce  
 Brochure   
  Media   
  Internet   
  LH Alumni   
  Other \_\_\_\_\_

If given the opportunity to meet with an Adams County leader, who would it be? Why? \_\_\_\_\_

## Applicant Commitment

I understand the purpose of Leadership Hastings is to train and encourage people to assume roles of responsibility within Adams County. Therefore, if selected, I agree to the following:

1. I will actively participate in all program class sessions and meetings.
2. I will attend all programs, class sessions, and meetings of Leadership Hastings, arriving on time and staying for the duration.
  - a. I understand I am required to attend one full day class per month (total of nine classes) and understand that if I miss more than two (2) sessions, my continued participation will be reviewed by the Leadership Hastings Board of Directors.
  - b. I understand my class will complete a project and I am expected to attend necessary meetings and events to contribute to the process and success of this project.
  - c. I understand I will participate in a Leadership Hastings fundraising project which will require a commitment outside of the monthly class sessions and class project meetings.
  - d. I am expected to communicate in advance if unable to attend a class session/meeting
3. I will keep my employer informed of scheduled class activities.
4. Upon completion of this class, I will actively seek roles of responsibility within my professional career and within Adams County for the betterment of my community.
5. I will pay \$525 tuition by August 1, 2017 if accepted into the program. This covers a portion of the actual cost per person for orientation, program coordination, session curricula, class materials, group transportation, speaker fees, facility charges, and graduation. Tuition is non-refundable after August 1, 2017. I understand some scholarships are available based on need and that I may submit a scholarship request in writing with my application.
6. I agree to promote and ensure the continued success of the Leadership Hastings program by staying involved with Leadership Hastings and LH Alumni after graduation.
7. I hereby give Leadership Hastings permission to verify any of the above information and to use my picture in any marketing materials or on social media.

\_\_\_\_\_  
Applicant Signature (must be hand signed)

\_\_\_\_\_  
Date

## Employer Commitment

Thank you for investing in your employee, your company and the community. Applicants for the Leadership Hastings program must have the support and commitment of their employer. This completed commitment is required for the applicant to be considered.

Company Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor phone #: \_\_\_\_\_

Supervisor email: \_\_\_\_\_

I am a LH Alumni (yes or no)? \_\_\_\_\_

1. I understand this program is an investment in our employee, company and the community.
2. I support the commitment of our employee and company to produce a successful outcome.
3. A representative from our company will attend graduation.
4. I understand tuition for the program is due by August 1, 2017. Please check below:  
 The company will pay the tuition       The employee will pay the tuition

\_\_\_\_\_  
Signature of Employer (must be hand signed)

\_\_\_\_\_  
Supervisor Title

## Narrative Questions (not to exceed 3 total typed pages)

Narrative responses should address the following questions in the order they are listed. Please answer based on all of your experiences, even if they did not occur in Adams County. Be sure to answer with complete sentences and address all areas of each question.

Please do not use smaller than 11 point font and include your name or company on the top of these pages. **Number each response as they are numbered below and type each question in bold before your response.**

- 1) Why do you wish to participate in the Leadership Hastings program?
- 2) What kinds of boards, committees, or official positions would you like to become involved with in the future?
- 3) Please list in order of importance to you, up to five community, civic, professional, business, religious, social, athletic or other organization of which you are or have recently been a member.
- 4) What leadership roles have you assumed and what have you accomplished that you think is important in these organizations? List any professional recognition/awards/achievements you have received.
- 5) What do you feel is the most pressing concern in our community? Why do you feel this way and how do you believe this situation should be resolved or improved?
- 6) Define "leadership" in your own words.
- 7) How will you use the Leadership Hastings program to better yourself?

*Thank you for your interest in Leadership Hastings and for your desire to invest in yourself and your community.*

SEND TO:

Leadership Hastings  
PO Box 1104  
301 S. Burlington Ave.  
Hastings, NE 68902-1104  
[leadership@hastingschamber.com](mailto:leadership@hastingschamber.com)  
FAX TO: 402-461-4400

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Hastings★



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<http://www.hastingschamber.com/affiliated-organizations/leadership-hastings.html>