

Leadership Billings 2008 Application

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Name (as you wish it to appear on name badge and class list): _____
Employer (if any): _____
Start date of employment: _____ Title: _____
Job responsibilities: _____
Name of supervisor: _____
Business mailing address: _____ (City) _____ (St) _____ (Zip) _____
Business phone: _____ Business fax: _____ E-mail: _____
Home mailing address: _____ (City) _____ (St) _____ (Zip) _____
Home phone: _____ Home fax: _____
Where would you like your **LB** information sent? business home

Tuition: The Leadership Billings program is \$875 per participant (\$975 for non-Chamber members). This fee covers the cost of the retreat, programming, materials, meals, and group transportation. If selected, your tuition will be paid by:

employer self part employer, part by self other _____

A \$100 non-refundable deposit is due with your application. You will be invoiced for the remaining fees, payable prior to the kick-off retreat. If payment is not received by October 3, 2007, you will forfeit your reservation in the class; your seat will be filled from the applicant waiting list. If you withdraw or are required to withdraw from the program for any reason after October 3, 2007, your tuition will not be refunded.

Photo: You must submit a photo of yourself upon notification of selection. Your photo will be used in a **Leadership Billings** class directory and for publication in the Chamber newsletter. If your photo is not received by October 19, 2007, you will not be pictured in the class directory or the Chamber Newsletter - iNSiGHT. (Submitted photos do not need to be taken professionally. A passport photo, instant photo, digital photo or personal snapshot is acceptable.)

Attendance requirements: Leadership Billings consists of ten meetings: a kick-off retreat, seven program days, one community work-day, and a graduation luncheon. **Attendance at the kick-off retreat is mandatory**, and you are strongly encouraged to attend all meetings. If necessary, you may request an excused absence from a program day. If you miss four or more hours of a program day, your absence will be considered a full-day absence. If you miss less than four hours of a program day, your absence will be considered a half-day absence. Since it is vital to the success of the program that you are present at each meeting to add your perspective and interact with your classmates, you may not miss more than two (2) full program days (or the equivalent) throughout the year. **If you miss more than two (2) full program days, you will not be awarded a certificate of graduation at the commencement ceremony.** Your supervisor will be notified of any absences.

Please review the **LB** program calendar dates and consult with your supervisor about attendance commitments. If selected, you will be expected to attend each full day's meeting from the beginning retreat through the graduation luncheon.

Acceptance of Leadership Billings 2008 Program Commitments: Your signature below verifies that, if accepted into the program, you understand and agree to abide by the program's tuition, photo, and attendance requirements and policies.

I understand the goals of the LB program and, if selected, will devote the time and resources necessary to complete the program. I understand that my tuition must be received by October 3, 2007, or I will forfeit my place in the class. If I withdraw or am required to withdraw from the program after October 3, 2007, my tuition will not be refunded. If my photo is not received by October 19, 2007, it will not appear in the class directory or iNSiGHT. I understand and will abide by the attendance requirements described above.

Applicant's Printed Name

Applicant's Signature *Date*

A supervisor who has the authority to allow the applicant named above to devote the time necessary to be an active participant in the Leadership Billings 2008 program must sign this application.

Supervisor's Printed Name

Supervisor's Signature *Date*

Supervisor's Business Email Address: _____

Leadership Billings 2008 Application (cont.)

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Completion of the questions below is required for consideration of your application. Please attach a separate sheet of paper if additional space is needed for your responses.

1. How did you hear about the Leadership Billings program?

- through my company Chamber newsletter Chamber mailing through a club or organization
 Leadership Billings graduate (*name*) _____
 Other (*please specify*) _____

2. List present or past volunteer positions you have held.

<u>Organization(s)</u>	<u>Date(s)</u>	<u>Position(s) Held</u>

3. Why do you wish to participate in Leadership Billings?

4. Describe your most significant experience or accomplishment.

5. Identify two issues the Billings community should address within the next five years and suggest possible solutions.
a.

b.

6. Please attach a resume or other statement of your educational background and work history.

Please return your completed application to:

Leadership Billings 2008
Billings Area Chamber of Commerce
PO Box 31177 / 815 S 27th ST
Billings, MT 59107-1177

Leadership Billings is sponsored by the Billings Area Chamber of Commerce.
If you have questions regarding the program, please call Linda Gleason at (406)869-3722.

Applications must be received by August 10, 2007!