



**LEADERSHIP  
NAPA VALLEY**

**APPLICATION  
DEADLINE: APRIL 30<sup>th</sup>**

***Due to the significant number of individuals seeking participation in the LNV Program, the LNV Board will complete a two-step process to select the upcoming class. LNV Board will utilize this application to evaluate each applicant's leadership profile using consistent criteria pre-determined by the Board. Based on this initial evaluation, a certain number of candidates will then be selected to participate in an oral interview process. After the oral interview process, 28 individuals will be selected to participate in the upcoming class.***

***You may provide responses directly on the application form, and/or attach additional sheets to your application. Responses are to be limited to 1/2 page (8-1/2 x 11) in length per question.***

**1. RESIDENCE**

Name

\_\_\_\_\_ (Last) (First) (Middle)

What name or nickname do you use? \_\_\_\_\_

Home Address

\_\_\_\_\_ (Street) (City) (Zip)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

**2. EMPLOYMENT**

**Present Employer or Business Name**

Business Address \_\_\_\_\_ Hire Date \_\_\_\_\_

\_\_\_\_\_ (Street) (City) (Zip)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Type of Business: \_\_\_\_\_ Position/Title \_\_\_\_\_

**A. Briefly Describe Your Responsibilities:**

\_\_\_\_\_  
\_\_\_\_\_

---

**B. Previous Employment**

Employer	Title or Responsibilities	From/To Dates
----------	---------------------------	---------------

---

---

---

**3. EDUCATION**

A. Name/City of School	Dates	Degree	Major
------------------------	-------	--------	-------

---

---

---

**4. ORGANIZATIONS/ACTIVITIES/COMMUNITY INVOLVEMENT**

**A. Please list, in order of importance to you, three community, civic, professional, business, religious, social, athletic, and/or other organizations of which you have been a member. Please describe the nature of your participation, responsibilities, accomplishments, and awards/recognition you received.**

1. \_\_\_\_\_  
(Name of Organization) (Dates of Involvement) (Position Held)

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
(Name of Organization) (Dates of Involvement) (Position Held)

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
(Name of Organization) (Dates of Involvement) (Position Held)

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**B. If you have previously not participated in community activities, what conditions have changed that now enable you to seek involvement in the community and in what specific activities will you seek involvement?**

---

---

---

**C. Describe how you believe your participation in the Leadership Napa Valley Program will enhance your ability to become personally involved in activities and/or organizations in the Napa County.**

---

---

---

**D. Years you have lived in Napa County \_\_\_\_\_ . Do you expect to be living in and actively involved in the Napa County area in 5 years? Explain in detail as to why you see yourself actively involved, in what areas, and why in Napa County.**

---

---

---

## **5. GENERAL**

**A. In your judgment what are two pressing problems facing the Napa County area today and why?**

---

---

---

---

---

**B. What do you hope to gain through your participation in the Leadership Napa Valley program?**

---

---

---

## 6. REFERENCES

Please provide the names of three business and/or personal references that could be contacted.

NAME

ADDRESS

PHONE

---

---

---

---

If selected, I acknowledge the following:

### 1. TUITION

Tuition in the amount of \$1,295 is non-refundable. ***A personal financial commitment of \$200.00 is required***; the balance of the fee may be paid by any club, organization, business, employer, or the participant. The \$1,295 fee is due as follows: \$600 on or before September 1, 2017 and the \$695 on or before November 1, 2017. Please indicate how your tuition balance will be paid:

\_\_\_\_ Employer    \_\_\_\_ Participant    \_\_\_\_ Other

Other (Please specify) \_\_\_\_\_

If selected would you be interested in applying for Scholarship Assistance from LNV? (If you indicate yes and are selected to the program you will receive a scholarship application form.)

\_\_\_\_ Yes \_\_\_\_ No

### 2. SIGNATURES

Full participation in this program is critical. If selected, I make a commitment to meet all time, financial, and participatory requirements of the program.

\_\_\_\_\_  
Date \_\_\_\_\_

I understand the importance of full participation of the applicant, and if he/she is selected to participate, then I, as the Employer, will provide release time from work and will help him/her meet the requirements.

\_\_\_\_\_  
Date \_\_\_\_\_  
(Employer's Signature, if not self-employed)

Mail application to:      Leadership Napa Valley

PO BOX 636  
Napa, CA 94559