**AUGLAIZE COUNTY**A close up of a sign

Description generated with high confidence

**ADULT LEADERSHIP PROGRAM**

**CLASS OF 2019-2020 APPLICATION**

**CANDIDATE SELECTION:**

**All candidates will need to complete an application form.**

The class is limited to individuals who:

♦ The class is limited to the first 15 individuals, who

♦ Are sincere in their commitment and interest in serving Auglaize County,

♦ Live or work in Auglaize County’s communities and include a cross-section of business, industry, service, education, government, and community groups,

♦ Make a commitment to attend each of the 10 classes from 8AM-5PM and have the support of their employer to do so,

♦ Express a true interest in learning more about Auglaize County and how to continue making it a great place to live, work, and play.

**CLASS SCHEDULE:**

|  |  |  |  |
| --- | --- | --- | --- |
| 2019 – 2020 (THIRD THURSDAY OF EACH MONTH) | | | |
| SEPTEMBER 19 | DECEMBER 19 | MARCH 19 | JUNE 18 |
| OCTOBER 17 | JANUARY 16 | APRIL 16 |  |
| NOVEMBER 21 | FEBRUARY 20 | MAY 21 |  |

**CHAMBER INFORMATION:**

**SOUTHWESTERN AUGLAIZE COUNTY CHAMBER**

Executive Director | Logan O’Neill, IOM

22 South Water St.| PO Box 3

New Bremen, OH 45869

p: 419-629-0313 | e: info@auglaize.org

**ST. MARYS AREA CHAMBER OF COMMERCE**

Executive Director | Abby Balster

301 East Spring St.

Saint Marys, OH 45885

p: 419-300-4611 | e: info@stmarysohio.org

**WAPAKONETA AREA CHAMBER OF COMMERCE**

Executive Director | Jackie Martell

30 East Auglaize St.

Wapakoneta, OH 45895

p: 419-738-2911 | e: chamber@wapakoneta.com

**VALU CLASS | 2019 - 2020**

**PERSONAL DATA:**

\*Name:

\*Business/Organization:

\*Title:

\*Business Address:

\*Business Phone:

\*Email:

\*Cell Phone:

**Please complete the following questions:**

\*Why do you want to be a part of the Auglaize VALU Class?

\*What do you expect to gain from your participation in the Auglaize VALU Class?

\*What does corporate leadership and community leadership mean to you?

Please return completed pages 2, 3, and tuition payment to:

**Auglaize County VALU Class**

**301 E. Spring St.**

**St Marys, OH 45885**

**COMMITMENT:**

The VALU Class is a commitment of one day a month, from September through June. *Sessions will begin Thursday, September 19, 2019, and continue the third Thursday of each month from October through June 2020 (some exceptions TBA).* Class sessions are generally from 8AM to 5PM but may be adjusted. *Applications must be returned to the Auglaize VALU Program no later than September 5th. Classes begin September 19th.*

***Absences are discouraged and can result in being dropped from the course.***

The tuition commitment is ***$400 and is non-refundable after the first class***. Payment is accepted from individual participants or from the individual’s employer. An invoice will be sent on request. Tuition covers all meals, materials, training, supplies and transportation for the VALU classes. Participants may be asked to provide some personal transportation.

I understand the goals of the Auglaize VALU Class. **I agree to attend all sessions and devote the time necessary to be a contributing member of the VALU Class.** This includes participating in a team project that practices a fiscal foundation for a not-for-profit position in the VALU Class. Class time will be provided for this project. Please expect a minimal time allocation for this project outside of class. I understand if I fail to meet these obligations, I may be asked to withdraw from the class.

Candidate signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer,

Please complete this section:

I agree to pay the $400 tuition required of the VALU Class for the above

candidate. I understand tuition is non-refundable after September 19th, 2019.

I agree to allow my employee the time necessary to be an active member of

the Auglaize County VALU Class.

Business Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_