



Application for Selection in the Innovative Leadership^{NE} Class of 2017 To Be Completed By Emerging Leader & Agency Manager/Mentor

Thank you for your interest in joining the Innovative Leadership^{NE} Class of 2017. Please complete and submit your application to the IIAN office **no later than 5 pm, Friday, March 31, 2017**. The class membership will be finalized and announced on April 5, 2017. If selected for the Class of 2017, your payment will be required by **April 10, 2017** to secure your spot. Space is limited.

Emerging Leader Application:

Full Name _____

Agency: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Cell Phone #: _____

Email: _____

Your preferred form of communication (phone, text, email)? _____

Have you participated in any other leadership programs? No Yes If yes, indicate:

Name of Program(s)	Year(s) of Participation
--------------------	--------------------------

Current Job Title _____ How long in this industry? _____

Birthday (Month/Day) _____

List in order of importance to you, your involvement in any voluntary/nonprofit, public, civic, political, social or community activities or organizations:
Name of Organization(s) / Your Role

What do you consider your most significant accomplishment in a leadership capacity (business, community, volunteer, etc.)? Why?



What are your goals for participating in this program? What do you want to achieve?
What specific knowledge, leadership or professional skills do you feel you will contribute to the program?
Any favorite hobbies?

Emerging Leader Commitment

Should I be selected for Innovative Leadership^{NE}, I am committed to attending all of the dates set aside for group sessions and I understand the attendance policy. I will respect confidential topics that may be discussed or shared during the course of the program.

I hereby certify that the information in this application is complete and accurate.

Applicant's Signature Date

Agency Manager/Mentor Application:

Full Name _____

Agency: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Cell Phone #: _____

Email: _____

Your preferred form of communication (phone, text, email)? _____



Have you participated in any other agency development programs, including in-house consultation?

No Yes If yes, indicate:

Name of Program(s)/Consultant(s)

Year(s) of Participation

Current Job Title _____

How long in this industry? _____

Birthday (Month/Day) _____

List in order of importance to you, your involvement in any voluntary/nonprofit, public, civic, political, social or community activities or organizations:

Name of Organization(s) / Your Role

What do you consider your most significant accomplishment in a leadership capacity (business, community, volunteer, etc.)? Why?

What are your goals for participating in this program? What do you want to achieve?

What specific knowledge, leadership or professional skills do you feel you will contribute to the program?

Agency Manager/Mentor Commitment

By signing this, I acknowledge that my employee has my full support and commitment. At a minimum, I will attend the 2-day "immersion" experience May 8-9, 2017, and the 1-day "wrap up" session on January 19, 2018.

I will respect confidential topics that may be discussed or shared during the course of the program.

I hereby certify that the information in this application is complete and accurate.

Applicant's Signature

Date