

# 2017 LEADERSHIP OLATHE APPLICATION

*Over Thirty Years of Building Community Leadership  
A program of the Olathe Chamber of Commerce*

Application to Leadership Olathe is open to persons who have or are currently living, attending school or working in the Olathe area. Class participants are chosen by the Leadership Olathe Steering Committee or their respective school administration on their own merits based upon the information contained in the following application. All candidates must have the full support of the organization, business, or school they represent, as Leadership Olathe requires a serious commitment of time and focus. Attendance at all sessions is mandatory. In reviewing the applications, Leadership Olathe looks for potential participants who demonstrate the following criteria:

- A commitment and motivation to serve the community.
- A demonstrated background of community involvement or a sincere commitment to become involved.
- A history of leadership or evidence of potential leadership in one's school, career or organization.
- The ability to make the time commitment required by the program.

The Leadership Olathe investment is \$1,000 for chamber members; \$1,400 for non-chamber members. Limited scholarship funds are available for those in need who meet tuition assistance guidelines and criteria. The scholarship request form must be completed and submitted with application to be considered for financial assistance. The scholarship request form can be found at [www.olathe.org](http://www.olathe.org). Tuition includes meals, materials, meeting space and out-of-town transportation when appropriate. In order to be considered for selection, all nominees must complete the following application. However, completing this application does not guarantee selection.

In order for this application to be deemed eligible, all questions must be answered. In addition, you are required to submit two letters of recommendation to this application. **This completed application must be received no later than Friday, November 11, 2016. You may mail or e-mail this application. Letters of recommendation must be attached to application, and if e-mailed, must include appropriate scanned signatures. Candidates will be announced by December 16, 2016.** Please read all instructions carefully. If you have any questions, please contact Beth Felski at [bafelski@gmail.com](mailto:bafelski@gmail.com).

## I. Contact Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Spouse's Name (if applicable) \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email (hm) \_\_\_\_\_ Email (wk) \_\_\_\_\_

I prefer to receive **e-mail** at  Home  Work

## II. Employment / Education

Present Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Date of Hire \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Check your highest educational level completed and / or specialized training completed:

- Elementary    Junior High    High School    Some College  
 College    Graduate School    Doctorate    Other \_\_\_\_\_

Name of high school where you graduated \_\_\_\_\_

Name of College/University (s) where you graduated \_\_\_\_\_

Military Service Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

### III. You and Your Community

Number of years in the Olathe area: \_\_\_\_\_ years

Hobbies/Interests \_\_\_\_\_

Complete these sentences:     I am most proud of \_\_\_\_\_.

My greatest strength is my ability to \_\_\_\_\_.

Few people know I can \_\_\_\_\_.

A. In your opinion, what is the one greatest asset of our community today?

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

B. In your opinion, what is the one greatest challenge facing our community?

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

C. Describe a situation when you utilized your own leadership skills in motivating a team:

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

D. Explain how you have had to deal with a conflict situation and how you resolved it:

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

E. What is your definition of a leader?

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

F. How much time do you currently (or hope to in the future) commit to volunteer activities? \_\_\_\_\_ Hours per month

G. List any volunteer political, social, civic, or religious organizations in which you are currently active:

Organization	Position (member, officer, etc.)
_____	_____
_____	_____
_____	_____

H. What do you consider your most important accomplishment in one of the above organizations and why?

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

I. What type of volunteer activities would you like to become active with in the future?

\_\_\_\_\_

J. Do you have any political aspirations? \_\_\_\_Yes \_\_\_\_No \_\_\_\_ Possibly in the future

**IV. Purpose**

A. What motivated you to apply for this program?

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B. What do you hope to gain from your participation in the Leadership Olathe program?

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C. What do you think you can personally contribute to your community?

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D. How did you learn of the Leadership Olathe program or if nominated, please list the name/organization who nominated you.

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**V. References**

Please list two persons who are knowledgeable about your leadership performance and potential. Submit a letter of recommendation from each of the persons listed below with your application.

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Firm/Organization/School \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Firm/Organization/School \_\_\_\_\_ Phone # \_\_\_\_\_

**VI. Commitment Attendance at all Leadership Session is mandatory. Please refer to Program Schedule**

VII. Community Engagement Liaisons, (Leadership Olathe graduates) are available to offer ideas and recommendations on how you can get involved in the community. This is a great opportunity to expand your network with very minimal time commitment. Are you interested in being paired with a community engagement liaison? Yes No

If yes, would you prefer a community engagement liaison in your same industry/business? Yes No

**A. Applicant Signature**

With my signature, I swear that all statements in this application are true. I understand the purpose of Leadership Olathe and if I am selected, I will devote the time and resources necessary to complete the program. I further understand that my attendance at all sessions is mandatory. I also understand the above commitments and agree to be bound to them by signing this application. If selected, I will arrange to pay in full or make payment arrangements for my Leadership Olathe tuition no later than January 31, 2017.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**B. Employer Signature**

As the employer, I will support this applicant's participation in the 2017 Leadership Olathe program by assuring that this applicant can attend each session.

Signature of Employer \_\_\_\_\_ Date \_\_\_\_\_

**Submit program application and two letters of recommendation by Friday, November 11, 2016**

The Olathe Chamber of Commerce/Leadership

Attn; Beth Felski, bafelski@gmail.com

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Olathe, KS 66061

