

Application Instructions:

Applications must be:

1. Typed or clearly printed.
2. Completed in the allotted space on the application.
3. Signed by the applicant.
4. Include printed personality assessment results.
5. Accompanied by signed commitment form.
6. Returned to the Lockhart Chamber of Commerce by August 24th.

The application may be printed from
lockhartchamber.com

Background:

Leadership Lockhart is a training program for emerging and existing leaders, designed to build the needed skills, knowledge, motivation and vision to develop a stronger community.

Purpose:

The purpose of the Leadership Lockhart program is:

1. To educate leaders through exposure and engagement in the business community.
2. To develop and enhance visionary leadership skills through in-depth training.

Objectives:

The objectives of the Leadership Lockhart program are:

1. To train visionary leaders through studying the history, education, local government, law enforcement/judicial system, and economic development factors.
2. To train visionary leaders for higher level leadership roles in the community.
3. To provide opportunities for participants to develop lasting relationships among community leaders.
4. To encourage participants to actively participate in future activities which contribute to the growth and betterment of the Lockhart Community.

Selection Criteria:

The most important consideration in selection is identifying those individuals most apt to utilize their leadership skills for the long-term benefit of the Lockhart Community. Leadership Lockhart seeks individuals:

1. Who represent a cross section of the community including business, the professions, education, government, arts, clergy, service and community organizations and various ethnic, age and gender groups.
2. Who have demonstrated sincere commitment, motivation and interest to serve the Lockhart area.
3. With commitment to complete the Leadership Lockhart program with the full support of the organization he/she represents.
4. With the intention, upon completion of the program, to seek roles on community boards, commissions, key volunteer leadership positions in the community or public office.

Interviews will be held on September 3rd & 4th. You will be notified of your assigned date and time. Participants will be selected by the Board of Directors and will be notified no later than September 7th. The Board of Directors will maintain objectivity and all decisions will be based on the information provided in the applications.

The Board of Directors is charged with selecting individuals that represent a reasonable cross-section with backgrounds, interests, and business and civic ties to the Lockhart Community.

All information included in the application will be shared only with the Board of Directors.

Questions: Please direct all questions to the Lockhart Chamber of Commerce at (512) 398-2818 or email: staff@lockhartchamber.com



APPLICATION

PERSONAL DATA: (please type or print clearly)

Last Name: _____ First Name: _____ MI: _____

Preferred Name for Badge: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Cell Phone: _____ No. of years in Lockhart: _____

EDUCATION: (list highest degree obtained)

Name & Location of School: _____

Major: _____ Degree: _____

Special honors, awards, prizes for academic performances (include date):

Extracurricular activities:

COMMUNITY INVOLVEMENT: (list organizations in which you have had a leadership role)

Organization	Highest Position Held	Honors Received

Over the past year, approximately how much time each month did you dedicate to community, civic, professional and other organizations and activities (professional/business not included): _____

EMPLOYER:

Present Employer: _____ No. of Years Employed: _____

Type of Business/Organization: _____ Are you subject to transfer: _____

Title/Responsibility: _____ Length Held: _____

Immediate Supervisor: _____ Position/Title: _____

Previous Employment	Title/Position Held	From/To

QUESTIONS: (please answer in the space provided)

1. What do you hope to gain from participating in Leadership Lockhart?

2. In your opinion, what is the most important issue facing Lockhart today?

***TAKE THE PERSONALITY ASSESMENT AT <http://www.humanmetrics.com/cgi-win/jtypes2.asp>. COMPLETE, PRINT AND ATTACH YOUR PERSONALITY PROFILE TO APPLICATION.**

TUITION:

Tuition for a current Lockhart Chamber Member applicant is \$150. Tuition for a non- Lockhart Chamber member is \$200. Cost per student is generally much higher, but thanks to generous sponsorships from First Lockhart National Bank and Capital Area Housing Finance Corporation, we are able to provide partial scholarships to this year’s students. If selected, tuition is due in full by September 24th. All major credit cards are accepted, as well as cash and check (payable to the Lockhart Chamber of Commerce).

Initial: _____

OBLIGATIONS OF PARTICIPANT:

Attend orientation and nine scheduled classes, graduation, complete homework assignments, complete 10 volunteer hours of community service with an outside organization within the Lockhart community, 15 hours volunteer community service pertaining to Chisholm Trail Roundup throughout the course, a fundraiser project to raise funds for your class project and participate in a class project. **There must be equal participation amongst all class members for fundraising and class project time. Both the fundraiser and class project will require your time outside of classes.** Participant must turn off cell phone during class hours.

Initial: _____



COMMITMENT BY APPLICANT:

If selected as a participant in Leadership Lockhart, I understand that attendance is required for monthly meetings. I also understand that homework assignments will be given for each class and that the effectiveness of Leadership Lockhart depends highly on my full participation in the program. I understand that if I fail to meet any of the obligations of participation, I will be asked to withdraw from the program without any refund of tuition. I hereby certify that the information provided above is complete and correct. I understand that any false information disqualifies me from participating in the Leadership Lockhart program. I understand that time outside of regularly scheduled classes is required of me to complete a fundraiser activity and a class project.

Initial: _____

RELEASE OF LIABILITY:

I hold the Lockhart Chamber of Commerce, City of Lockhart; and any other entity or individual responsible for the planning and implementation of Leadership Lockhart, harmless from responsibility for any injury that may occur during the course of Leadership Lockhart.

Signature: _____ **Date:** _____

COMMITMENT BY EMPLOYER:

Selected applicants for the Leadership Lockhart program must have the support and commitment of their employer, business or organization. The signature of the applicant’s employer or supervisor is necessary as an indication of the support for the applicant’s participation in the program. **A signed approval statement must be included with complete application (SEE NEXT PAGE).**

PARTICIPANT COMMITMENT FORM

As a participant in the Leadership Lockhart program, I am willing and able to attend the sessions and programs organized by the Board of Directors of the Lockhart Chamber of Commerce.

I have studied the calendar of events and have determined that my schedule will permit me to participate fully. Since Leadership Lockhart is an educational program consisting of nine monthly meetings, an orientation/photo session, and graduation event, I realize that it is essential that I attend all programs in their entirety.

I understand that any of the following may disqualify me from formal program completion and graduation:

- a. Absence from two program sessions (sessions include all scheduled time of session, including lunch and/or dinner allotment). All makeup work assignments are due at the immediate following session.
- b. Being more than 15 minutes late arriving or more than 10 minutes early departing a monthly meeting. This qualifies as an absence.
- c. Failure to meet or comply with program obligations as described on the program application.

I understand and accept that; in matters concerning attendance, compliance, and disqualification; the decision of the Board of Directors is final.

When circumstances beyond the control of the participant cause disqualification as described in (a) and (b) above, participants may attend the meeting(s) missed when presented in subsequent Leadership Lockhart classes, with approval of the Board of Directors. After completing all subject sessions of the curriculum, participants may be awarded evidence of completion of the current class.

I understand the obligations of participants as explained above and commit to participate in the Leadership Lockhart program accordingly.

Applicants Full Name: _____

Signature: _____

Date: _____

NOTE: If participant is not self-employed and participation will require permission from employer, employer/supervisor approval is required. **See below.**

EMPLOYER/SUPERVISOR APPROVAL

I am the employer and/or supervisor for the Leadership Lockhart applicant name above. I have read the “Curriculum & Schedule” and the “Participant Commitment Form”. I understand the obligation the applicant is making to be a participant in the Leadership Lockhart program. I approve of his/her participation in Leadership Lockhart and he/she has permission to attend the meetings and training sessions not withstanding their potential conflict with their employment obligations.

Employer/Supervisor: _____
(print full name and business name)

Signature: _____ **Date:** _____

MEDIA PERMISSION AND RELEASE

For consideration that I acknowledge, I grant the Lockhart Chamber of Commerce the rights to:

- a. Make any type of photograph(s) or recording(s) of me.
- b. Use the photograph(s) or recording(s), in whole or part, with or without my name and biographical details, in connection with all forms of media now or subsequently known or developed.
- c. Use of photograph(s) or recording(s) may include uploading to websites for the purpose to exhibit, market, advertise, or promote the Lockhart Chamber of Commerce and/or Leadership Lockhart.

I represent that I am authorized to grant the rights and permission referred to above and that my doing so will not violate anyone else’s rights.

I release the Lockhart Chamber of Commerce from any claims that I have or may have relating to the photograph(s) or recording(s).

Signature: _____

Print Name: _____

Address: _____

Email Address: _____

Date: _____