**Participation**

*To ensure a successful program, full participation by each applicant is necessary. Participation includes:*

* Monthly sessions, normally held on the third Wednesday of each month, September through May, from 7:45 AM to 5:00 PM (there are two exceptions).
* **REQUIRED:** A two-day, one-night retreat in September and a three-day, two-night trip to the State Legislature in Cheyenne in February.
* Graduation ceremony to be held in September.
* Participants must attend two board meetings for an organization not affiliated with their own and complete four hours of community service in an area outside of their day-to-day operations. *Example:* If a participant is a United Way board member, he/she **cannot** fulfill this requirement by attending a United Way board meeting or working at a United Way fundraiser.
* The GALI Steering Committee may be in contact with the participants’ sponsors/employers for the duration of the program. Employers will be notified of all absences.
* Applicants may be requested to participate in a personal interview.
* GALI facilitators reserve the right to ask participants to leave a session, at the participant’s cost, for any behavior deemed inappropriate.
* GALI participants will be required to plan and participate in a class project that will promote teamwork and leadership.
* **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!!**

If selected as a participant, can you devote the required time to the program?

Yes  No

The policy concerning attendance is attached. Please review it with your sponsor/employer, sign and return with your application.

Nominees for the Gillette Area Leadership Institute must have the support and commitment of their sponsoring business or organization. The signature of the head of the sponsoring organization is necessary as an indication of support of the nominee’s participation in the Gillette Area Leadership Institute.

I understand that should I miss more than 12 hours of the Gillette Area Leadership Institute for any reason, I may be dropped from the program.

If you find you must miss more than the allowed number of hours, you may appeal to the steering committee (in advance if possible). A decision will be made on a case-by-case basis.

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Signature of Financial Sponsor Title

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Signature of Applicant Date

Applications must be received at the Campbell County Chamber of Commerce, 314 South Gillette Avenue, Gillette, Wyoming 82716 no later than Friday, July 15, 2022.



**Confidential GALI Application**

***Please fill in ALL the blanks below COMPLETELY!!***

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

**Title/Name** (First, Middle Initial, Last) **Telephone Number (Home or Cell)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Address Birth Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City, State, Zip** **DL # & Social Security #** (Required for Session 6)

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**Sponsoring Company/Organization Emergency Contact/Phone Number**

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**Sponsor’s Address** (include city, state and ZIP) **Work Telephone Number**

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**Fax Number**  **Applicant** **E-mail Address**

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**Head of Sponsor Organization Non-Profit?** (Yes or No)

*Please provide information for the enclosed questions. Additional pages may be included with your application, but please do not attach a resume.*

**Education**

*List your educational background including degrees awarded, fields of study, professional institutes, training programs, etc. Include special honors or awards.*

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**Employment**

*List your current employer, including employer’s address and telephone number (if different than sponsor’s information). Include your title and a brief job description. Also, list past employers, length of employment and description of responsibilities.*

**Current Employer Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Employers’ Information:**

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**Organizations/Business and Professional Activities**

*List the major civic, business and professional activities in which you have participated during the past five years. For each activity indicate the nature of your participation, including any offices you have held. Also, list any awards or special recognition that you have received.*

*If you have not been involved in any civic, business or professional activities, please explain why not.*

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

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**References**

*List no more than two persons who have knowledge of your qualifications as a* ***Gillette Area Leadership Institute*** *participant. (Note: the* ***Gillette Area Leadership Institute*** *Selection Committee may contact both individuals).*

**Full Name and Title Present Business or Home Address Telephone Number**

(Include city, state and ZIP)

A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**General Information**

*What do you hope to gain and how do you expect to utilize your* ***Gillette Area Leadership Institute*** *experience?*

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*Please identify and explain a particular issue, opportunity or problem you feel is crucial to the Gillette area.*

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

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**Financial Obligation**

*Tuition for each participant of the* ***Gillette Area Leadership Institute*** *is* ***$1500.*** *G.A.L.I. tuition is* ***non-refundable.***

*If accepted into the* ***Gillette Area Leadership Institute****, participant will be notified no later than July 18, 2022. Total payment must be received in full by* ***August 31, 2022,*** *unless prior arrangements have been made with the selection committee.*

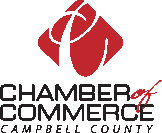
*For tuition assistance, please contact Lori Jones at 307 686 1259 or Lorij@gillettechamber.com*

**G.a.l.i. Scholarship**

I would like to be considered for a G.A.L.I. Scholarship.

**Criteria:**

*First consideration for a scholarship will be given to employees of not-for-profit organizations and self-employed. Maximum scholarship amount is $600, depending on number of applicants. A separate application is required. Please contact Lori Jones at* [*lorij@gillettechamber.com*](mailto:lorij@gillettechamber.com) *to request the application.*



**Gillette Area Leadership Institute**

**Dress Code and Code of Conduct**

**Dress Code** – The dress code for the Gillette Area Leadership Institute is business attire, unless specifically told otherwise. Note that facilitators can require participants to change into more acceptable attire and meet up with the class at another point in the day, at the participant’s cost. The hour(s) the participant is not in attendance will count towards the 12-hour limit.

**Code of Conduct** – Facilitators retain the right to ask a participant to leave for a portion or whole day, at the participant’s cost, due to behavior deemed inappropriate. Hours the participant is not in attendance will count towards the 12-hour limit. Extreme inappropriate behavior may result in being dropped from the program immediately.

**Appeals** – Participants have the right to ask for an appeal from the Gillette Area Leadership Institute Steering Committee before the next scheduled Gillette Area Leadership Institute session, to receive credit for hours missed. The student must submit appeal by letter to the Campbell County Chamber of Commerce, 314 S. Gillette Avenue, Gillette, WY 82716, before the first Wednesday of the month and be ready to appear before the committee on the day of the meeting. Appeals will be considered on a case-by-case basis.

**Decisions made by the steering committee are final.**

**If the participant misses more than 12 hours of the scheduled Gillette Area Leadership Institute Sessions, the participant may be dropped from the course and no refund will be given. See appeal process above.**

I have read and understand the Dress Code and Code of Conduct of the Gillette Area Leadership Institute.

Participant Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chamber Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_