



## Application Form

**LEADERSHIP HILLSBOROUGH** is a 501(c)(3) non-profit organization governed by a volunteer board of directors. It was founded in 1989 to promote strategic alliances and enhance communication. By unifying all sectors of the county, Leadership Hillsborough encourages interaction among businesses, professionals, and community-oriented individuals.

Leadership Hillsborough provides development opportunities to Hillsborough County professionals who seek to grow as leaders. Leadership Hillsborough empowers participants to expand their knowledge of the diverse dynamics, issues, challenges, and opportunities that impact their work and our community. This is a unique program that brings together a broad diversity of professionals. Participants gain a better understanding of their roles as leaders, build long lasting relationships and create an influential network and collaborative opportunities.

**DEADLINE**  
**Friday, August 30, 2019**

### RETURN BY MAIL

Leadership Hillsborough  
503 E. Jackson St. Suite 153  
Tampa, FL. 33602-4904

OR

### RETURN BY EMAIL

[leadershiphillsborough@yahoo.com](mailto:leadershiphillsborough@yahoo.com)

### THE PROGRAM

The 10-month program runs September – June, and requires a commitment of a least 1 full day per month, in addition to an overnight Opening Retreat and an overnight Mid-Year Retreat.

To graduate from Leadership Hillsborough, class members are expected to attend all sessions (*2 excused absences are allowed*). Attendance at the Opening Retreat and Mid-Year Retreat are strongly encouraged. Participants with 2 unexcused absences will be dropped from the program without refund of tuition.

### THE BENEFITS

Upon graduating from the program, participants will have gained a greater awareness of Hillsborough County and better understand their roles within the community.

Participants will also have developed an active, socially conscious network of friends, colleagues and leaders.

Participants can then take their new set of leadership values back to their employers with a broader view of our community and how they can contribute.

Leadership Hillsborough graduates build a strong professional network that benefits Hillsborough County and builds a stronger community.

## Seminar Days

Law and Order -- Social Services

Education -- Arts & Culture

Emergency Services -- Health

Sports & Industry -- MacDill Day

Transportation -- Environmental

Government & Communications

## Leadership Curriculum

Leading Others, Brand Image,

Motivating Others, Coaching,

Goal Setting, Working w/Partners,

Decision Making, Critical Thinking,

Time & Change Management,

Team Building & Dynamics



# Leaders of Today and Tomorrow

We look forward to receiving your completed application by Friday, August 30, 2019.

Visit [www.leadershiphillsborough.org](http://www.leadershiphillsborough.org) for our online application.

## CANDIDATE INFORMATION

Name (First, Last, Middle Initial)

Home Address City State  
Zip

Home Phone Cell Phone

Company Title

Company Address City State  
Zip

Work Phone Preferred Email Address

Years in Hillsborough County Date of Birth Spouse's Name

Other Leadership Programs (Include Year Graduated)

Optional Information: Sex Ethnicity

### EMPLOYER COMMITMENT *(Complete only if employer is paying tuition)*

This candidate has my full support to participate in Leadership Hillsborough. I am aware of the time commitment involved in his/her effective participation as well as the financial obligation. Applicant and employer understand that the tuition fee for the upcoming program is **\$1,200.00** and due upon acceptance into Leadership Hillsborough.

Name Title Organization

Signature Date

## RECOMMENDATIONS

Please list two persons who are knowledgeable about your leadership performance and potential. You may submit one letter of recommendation from one of the persons listed below.

Name Title Organization Phone

Name Title Organization Phon

## **PROFESSIONAL / COMMUNITY INVOLVEMENT**

Please list community, civic, professional, religious, social, athletic, and other organizations you are, or have been a member during the past years. Provide your leadership role, significant contributions you have made, and involvement/time you currently devote to that involvement each month.

What do you like most about the Hillsborough County area? What do you like least?

What do you think are the three most significant challenges you feel exist in the Hillsborough County area?

How would you attempt to resolve the most critical challenge of those listed above?

What motivates you to participate in an organization like Leadership Hillsborough?

### **James B. Johnson Scholarship**

Leadership Hillsborough's scholarship is money that can be used to help bridge the gap between your own resources and the amount needed to pay the cost of participating in the program. The Leadership Hillsborough Scholarship Committee reserves the right to determine if you qualify for tuition assistance.

Are you in need of scholarship?  Yes  No

## APPLICANT SIGNATURE

If you are not selected to participate in the Leadership Hillsborough's program at this time, we encourage you to re-apply in the future. Applicant understands that the attached Release and Hold Harmless Agreement must be signed as a condition to participating in Leadership Hillsborough, Inc.'s program.

If the applicant is selected, the Release and Hold Harmless Agreement must accompany the application process and tuition fee. If the Release and Hold Harmless Agreement is not provided, the selected applicant will not be permitted to participate in the program.

I understand the program and benefits of the Leadership Hillsborough program. If selected, I will devote the required time and pay my tuition prior to the Opening Retreat. I further understand that Leadership Hillsborough extends beyond the 10-month program to a lifetime of opportunity for involvement, and would be willing to join the Alumni and support its work. By signing this application, I fully and voluntarily agree to be bound by the commitments and obligations herein.

Name

Signature

Date

### RELEASE AND HOLD HARMLESS AGREEMENT *(To be completed at Opening Retreat)*

In consideration of my selection to participate in Leadership Hillsborough Inc.'s Class of 2020, I, \_\_\_\_\_, for myself and on behalf of my heirs, assigns, and legal and personal representatives, do hereby voluntarily waive, release, discharge, and hold harmless Leadership Hillsborough, Inc., its officers, employees, directors, agents, representatives, legal representatives, guests, class members, alumni, successors and assigns, (Leadership Hillsborough, Inc. and all of the foregoing, collectively, hereinafter, the "Released Parties") from all debts, actions, demands, damages, liabilities, obligations, causes of action, and other claims whatsoever, including without limitation, any claims relating to personal injury or property damage, both at law and in equity, and whether known, unknown, alleged, disputed, direct, indirect, or contingent, that I or my heirs, assigns, or legal or personal representatives may now or later have against the Released Parties, or any of them, resulting from, or in connection with, my participation in any current or future program, activity, retreat, or other event in any way connected with Leadership Hillsborough, Inc. or sponsored, planned, or offered by the Released Parties, or any of them. I acknowledge that, without limiting the generality of the foregoing, this Release and Hold Harmless Agreement includes, but is not limited to, any claims based on negligence, action, or inaction of the Released Parties, or any of them. My signature below is my acknowledgment that I have read, fully understand, and am voluntarily signing and providing this Release and Hold Harmless Agreement and that I agree to its provisions.

This Release and Hold Harmless Agreement shall be effective on the date it is executed.

Executed \_\_\_\_\_ 2019

\_\_\_\_\_  
Signed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 2019.

Signature of Participant

\_\_\_\_\_  
Print Name

1. Is personally known to me; OR
2. Has produced identification in the form of: \_\_\_\_\_

\_\_\_\_\_  
Witness (Printed Name)

Signature \_\_\_\_\_ Date \_\_\_\_\_