



Application Class of 2024

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, July 28, 2023

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

RETURN BY EMAIL
Board@LeadershipHillsborough.org

THE PROGRAM

The 10-month program runs from September to June and requires a commitment of at least one 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, overnight retreats and any other events supporting the program. The successful completion of a class project is also a requirement to graduate from the Leadership Hillsborough program.

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 and socially conscious network of friends, colleagues and leaders.

Participants can use their new set of leadership connections and skills in their professional and personal lives with a broader view of our community, and how they can contribute in a positive way. Leadership Hillsborough graduates build a strong professional network that benefits Hillsborough County and strengthens our community.

Seminar Days

- Law and Order -- Social Services
- Education -- Arts & Culture
- Emergency Services -- Health
- Sports & Entertainment
- MacDill Day -- Transportation
- Environmental
- Government & Communications

Leadership Curriculum

- *Leading Others
- *Networking with Local Leaders
- *Working with Partners
- * Giving Back to the Community
- *Team Building & Dynamics
- *Development/Fundraising



CANDIDATE INFORMATION

Name (First, Last, Middle Initial)

Home Address

City

State

Zip

Cell Phone

Personal Email Address

Company

Title

Company Address

City

State

Zip

Work Phone

Work Email Address

Years you have lived/worked in Hillsborough County

Other Leadership Programs (Include Year Graduated)

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 **\$1,500.00** and due upon acceptance into Leadership Hillsborough and is non-refundable. If your organization is a non-profit, it is required to provide a 501(c)(3) certificate to receive the discounted tuition rate of \$1,200.00.

Name

Title

Organization

Signature

Date

RECOMMENDATIONS

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

Name

Title

Organization

Phone

Name

Title

Organization

Phone

PROFESSIONAL / COMMUNITY INVOLVEMENT

Please list community, civic, professional, religious, social, athletic, and other organizations you are, or have been a member during the past five 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

The Leadership Hillsborough 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 will review all applications submitted by the deadline. Application for financial assistance does not guarantee the receipt of a scholarship. Factors taken into consideration include the funding available, number of applicants, and need. Applicants will be notified of scholarship award, or partial scholarship award. If you cannot participate without scholarship assistance, please note that in your application.

Are you in need of scholarship?

Yes

No

If **Yes**, please complete the scholarship application

APPLICANT SIGNATURE

Applicant understands that the attached Release and Hold Harmless Agreement must be signed and Notarized as a condition to participating in the Leadership Hillsborough program. The **Release and Hold Harmless Agreement** and **Photo Release Form** must accompany the application. If the Release and Hold Harmless Agreement is not provided, the selected applicant will not be permitted to participate in the program. Tuition is due upon acceptance to the program and must be paid prior to the Opening Retreat.

I understand the program benefits and class member expectations. If selected, I agree to attend all seminar days, overnight retreats, and any other events which are in support of the program. I will devote the required time and pay the tuition by the due date. I further understand Leadership Hillsborough extends beyond the 10-month program, and would be willing to join the Alumni network and support the organization's 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

In consideration of my selection to participate in the Leadership Hillsborough Inc. **Class of 2023-2024**, 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.

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ (Name). He/she personally appeared before me at the time of notarization, and is personally known to me or has produced _____ as identification.

Witness my hand and official seal the date aforesaid,

Notary Public, State of Florida at Large

Notary: Print or Type Name
My Commission Expires

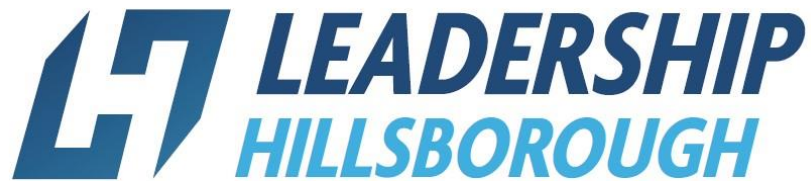


Photo Release Form

About Our Photographs/Videos

Most photographs/videos taken are for public relations purposes. Photographs/videos are typically used on promotional brochures, displays, public service announcements, and other materials for Leadership Hillsborough. Photographs/videos may be distributed to news media outlets for distribution through electronic networks to media. Photos/videos may be displayed on the internet on websites and social media pages maintained by Leadership Hillsborough. Photos/videos may be kept in a stock photo/video file maintained by the Leadership Hillsborough Board of Directors.

Model Release

I hereby give Leadership Hillsborough permission to use (display, license, publish, etc.) the photograph(s)/videos made of me in perpetuity for all purposes, including advertising and trade. Please PRINT CLEARLY.

Name

Address

City/State

(_____) _____

Phone

Email address

Date

Signature of Person Being Photographed