



**COMMUNITY LEADERSHIP INITIATIVE**

STATEWIDE COLLABORATIVE SPONSORED BY THE GEORGIA RURAL DEVELOPMENT COUNCIL  
IN PARTNERSHIP WITH THE FANNING INSTITUTE FOR LEADERSHIP, THE UNIVERSITY OF GEORGIA

# 2018-2019 Leadership Liberty Application

**APPLICATION DEADLINE: Must Be Received No Later Than Friday, August 17, 2018**

**PLEASE CLEAR THESE DATES ON YOUR CALENDAR NOW:**

**Orientation & Team Building:** Overnight September 28-29 (Mandatory)

**Monthly Session:** November 7, 2018; December 5, 2018; January 9, 2019;  
February 10-11, 2019 (Overnight in Atlanta; Mandatory);  
March 6, 2019; April 11, 2019; May 1, 2019; June 6, 2019

**Graduation & Reception:** Friday, June 21, 2019, (Evening)

**APPLICATION FOR ADMISSION**

*All applications are confidential and selection is anonymous. Provide sufficient information for the Selection Committee to make a determination of your eligibility based on your current skills and commitment to community involvement. To ensure that those selected reflect the diversity of the community, you are asked to specify your sex, race, and/or ethnicity. All questions are optional.*

**PERSONAL**

LAST NAME	FIRST NAME	MIDDLE INITIAL	NICKNAME (FOR NAME BADGE)
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BUSINESS/HOME (CIRCLE)	MAILING ADDRESS	CITY	ZIP
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Home PHONE	Business Phone	Cell Phone	FAX Number
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Email Address			

**EMPLOYMENT (if applicable)**

PRESENT EMPLOYER	Title	DATE BEGAN
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**EMPLOYMENT AUTHORIZATION (if applicable)**

*I, as the applicant's employer, understand that participation is highly encouraged for all sessions. I also understand that a participant may only miss 1 ½ sessions throughout the course. If a participant misses more than 1 ½ sessions will be expected to conduct research on a subject chosen by the Leadership Liberty Committee and present the research to the class. If a participant misses one of the mandatory sessions, they WILL NOT graduate and must make up the missed sessions the following year in order to receive their diploma. I, as the applicant's immediate supervisor, approve the submission of this application, the time and financial commitment required to participate in this program.*

SIGNATURE OF EMPLOYER	TITLE	NAME (PRINTED)	DATE
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If you are not selected to participate this year, would you like to be considered next year? \_\_\_\_\_

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Which of the following best describes your present position? Please check one.

**BUSINESS**

**EDUCATION (PRIMARY, SECONDARY, HIGHER)**

**GOVERNMENT**

**INDUSTRY**

**NON PROFIT**

**PROFESSIONAL**

**RELIGION**

**SOCIAL SERVICE**

**VOLUNTEER**

**OTHER**

How did you learn about Leadership Liberty? \_\_\_\_\_

In order to make the selected group as diverse as possible, please complete the following: \_\_\_\_\_

YRS. IN LIBERTY CO?

AGE

MALE/FEMALE

RACE/ETHNICITY

Municipality Where You Reside

Describe your most significant volunteer commitment/s to date:

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List your strongest leadership characteristics. How can you benefit from further leadership training & development or what are some leadership skills you would like to develop during this course?

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State what you expect to learn about Liberty County—its resources and community leaders.

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What are the three most pressing issues facing Liberty County now and why?

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Describe how you plan to apply your enhanced skills and knowledge to benefit Liberty County.

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### APPLICATION AGREEMENT

I have cleared my calendar on the appropriate dates, and if I am selected to participate, I understand that the **Orientation, Atlanta and Graduation** are **mandatory** and that I am **expected to attend all sessions**. I understand that if I miss more than one and a half sessions I will may not be allowed to graduate from the program. I also understand that **dates may be subject to change**. I also understand that, if I am selected, the program tuition is due by September 30, 2018, and that I am personally responsible for any portion of the tuition not paid by my employer.

Tuition for Leadership Liberty is \$700.00

To graduate from Leadership Liberty, the orientation, Atlanta and graduation are mandatory and attendance is requested at all program sessions. Some homework assignments and a class project could require additional hours outside of normal class meetings. Will you be able to meet these requirements?  
YES\_\_\_\_\_ NO\_\_\_\_\_

My signature below certifies that I have read and comply with this entire application and that I live and/or work in Liberty County.

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SIGNATURE

DATE

Applications will **NOT** be accepted after August 19, 2016.  
Please do not call to inquire about the status of your application.  
We will notify you as soon as the selection process is complete.

**MAIL TO:**  
**Leadership Liberty**  
**C/O Liberty County Chamber of Commerce**  
**208 East Court Street, Hinesville, GA 31313**

OR

Email [director@libertycounty.org](mailto:director@libertycounty.org)