



To Leadership Horizons Applicants:

Leadership Horizons, Inc. recognizes that leadership development is an essential element in the process of improving our region and is promoted by the Maysville-Mason Co. Area Chamber of Commerce, the Fleming County Chamber of Commerce and Graduates of the program. The sessions assist participants in developing an awareness of the assets and strengths of the area as well as problems and challenges faced in the region. Leadership Horizons provides an opportunity for participants to network and develop contacts that can assist them, both personally and collectively, in becoming a strong, positive influence on the future of local communities and the region.

Application Procedure - Selection Criteria

Participation in Leadership Horizons is open to residents of Bracken, Fleming, Lewis, Mason, and Robertson counties in Kentucky and Brown and Adams counties in Ohio. A maximum of 22 individuals will be accepted to participate in the program annually. Since the number of appointments to Leadership Horizons is limited, applicants who are not selected are encouraged to reapply in subsequent years.

Class of 2017-2018 participants will be chosen by the Leadership Horizons Selection Committee based upon the information completed on this application. The Committee will be seeking representation from a cross-section of the region. Participants will be active in business, health care, education, the arts, religion, government, community-based organizations, or real estate specialty areas, and will reflect the diversity of the region.

Attendance at the September Leadership Horizons Session is mandatory. To graduate, you **cannot miss more than two of the remaining sessions.** To get the most out of this program, please make it a priority to attend all of the sessions.

THE DEADLINE FOR APPLICATION IS August 1, 2017

**Return to:
Leadership Horizons
201 E. Third Street
Maysville, KY 41056**

Application Instructions:

Type or print in black ink. Please complete each section fully. Limit answers to the available space. Application must be signed by applicant and returned no later than **August 1, 2017**.

Section A - Personal Data:

Date: _____

Full Name: _____ Name or Nickname Preferred: _____

Gender: Male _____ Female _____

Address: _____

County: _____

Business Phone: _____ Cell Phone: _____

E-mail: _____ Fax: _____

Occupation: _____ Length of Residence in Kentucky or Ohio: _____

Section B - Work Experience:

Present Employer: _____

Title or Responsibility: _____

Briefly describe your current position:

Section C - Community Involvement:

List your involvement in any community, civic, religious, political, government, social, athletic, business/professional activities. Indicate any major role or offices held in any organization at this time:

General Information

One of the goals of Leadership Horizons is to build a network of individuals who can enhance their problem-solving skills and leadership abilities through shared perspectives and working together. Please answer the following questions, limiting your answer to the space allotted.

A. What do you feel is the most significant challenge facing your community or the region today?

What type of community service project could you develop or partner with to address this challenge?

B. What specific skills/knowledge do you hope to gain from your participation in Leadership Horizons?

Tuition:

If accepted into the Leadership Horizons program, you will be billed for the non-refundable \$275 tuition fee which covers all costs, including transportation, meals and materials. **Payment must be received prior to the first session.**

Many employers reimburse and encourage students to participate. Check with management for details.

Commitment:

- To graduate from Leadership Horizons, a participant is expected to attend all monthly sessions. **Even though emergencies arise, any participant missing more than two sessions, for whatever reason, will be asked to withdraw from the program and their tuition shall be forfeited.** *The only exception is if you are unable to attend the September session, you will be asked to wait until the next class if formed to continue or your fee will be refunded.*
- The February session is a trip to the Capitol in Frankfort. Class Participants will be asked to car pool for this trip.
- Please note that during many of the sessions, there is a lot of traveling and walking involved. If you need special accommodations, you will need to notify the session chairman so that they may make the necessary arrangements.
- I understand the purpose of the Leadership Horizons program and, if I am selected, I will devote the time and resources necessary to complete the program.
- I understand the above commitment and agree to be bound by such in signing this application.

Applicant Signature: _____ Date: _____

Print Name: _____

Return application form to:

Leadership Horizons
Melissa Greenwell, President
201 E. Third Street
Maysville, KY 41056

Questions?

Contact the Maysville-Mason Co. Area Chamber of Commerce at (606) 564-5534, the Fleming County Chamber of Commerce at (606) 845-1223 or email Leadership Horizons at Admin@LeadershipHorizonsKY.com.

INFORMED CONSENT, WAIVER OF LIABILITY
AND HOLD HARMLESS AGREEMENT

I, the undersigned, am requesting participation in the Leadership Horizons that begins in September 2017 and ends in May 2018, hereinafter referred to as "The Program".

In consideration of my participation in The Program, I hereby waive all claims or causes of action against the Maysville-Mason County Area Chamber of Commerce and Fleming County Chamber of Commerce, The Leadership Horizons Board of Volunteers and its officers, directors, employees, volunteers and agents, collectively hereinafter referred to as "The Chamber", arising out of my participation in The Program and hereby release, hold harmless and discharge The Chamber from any liability therewith not resulting in the direct negligence of The Chamber.

Knowing, understanding and in full appreciation of all the possible risks associated with the program, I hereby expressly, voluntarily and willingly assume all risks and dangers associated with my participation in The Program. Common risks include, but not limited to: Travel to and from various trips, tours of private and municipal facilities, overnight stay, and food services.

This ____ day of _____, 20__.

Printed name

Signature

Emergency Contact

Emergency Contact Phone #

Session Dates and Topics

September 14, 2017	Orientation and Skill Building
October 12, 2017	Tourism and Recreation
November 9, 2017	Education
December 14, 2017	Media
January 11, 2018	Health and Human Services
February 8, 2018	State Government – Trip to Frankfort, KY
March 8, 2018	Economic Development and Agri-Business
April 12, 2018	Law & Justice
May 10, 2018	Graduation

If you have questions about Leadership Horizons, please contact:

Melissa Greenwell, President
(606) 776-0212
Email: Admin@LeadershipHorizonsKY.com