



Please submit application by September 1, 2022 to:

Leadership Delaware
Delaware County Chamber of Commerce
5 ½ Main Street
Delhi, New York 13753

Or email to:
rpucci@delawarecounty.org

| Applicant Information | | |
|--|--------------------------------|------------------|
| Name: | Mr. _____ Mrs. _____ Ms. _____ | |
| Current Home Address: | | |
| City: | State: | Zip Code: |
| Home Phone: () | Mobile: () | |
| E-Mail (Work) | Email (Home) | |
| How many years residing in Delaware County: | | |
| Employment Information | | |
| Current Employer: | | |
| Employer Address: | | |
| City: | State: | Zip Code: |
| Phone: | Fax: | E-Mail: |
| Title: | # of years employed? | Supervisor Name: |
| Briefly describe your present job responsibilities: | | |
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| Please list two previous positions of employment, if applicable, beginning with the most recent (not including present employment) | | |
| Employer 1: | | |
| Title: | Dates Employed: From: | To: |
| Responsibility: | | |
| | | |
| Employer 2: | | |
| Title: | Dates Employed: From: | To: |
| Responsibility: | | |
| | | |

| Civic/Community Service | | |
|---|------------------------|-----|
| Please list any past or present community service involvement (if any): | | |
| Organization: | | |
| Position: | Date of Service: From: | To: |
| Description of responsibilities: | | |
| | | |
| | | |
| Organization: | | |
| Position: | Date of Service: From: | To: |
| Description of responsibilities: | | |
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| General Information |
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| How did you learn about the Leadership Delaware Program? |
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| Why do you wish to participate in the Leadership Delaware Program? |
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| Program Fee | |
|---|---|
| The Leadership Delaware fee is \$300. Please indicate method of payment below: | |
| My Sponsor will pay the program fee <input type="checkbox"/> | I will pay the program fee <input type="checkbox"/> |
| My Sponsor and I will share the program fee <input type="checkbox"/> | |
| Comments: | |

Commitment Guidelines

Statement of Commitment

My employer and I understand the purposes of Leadership Delaware, and if I am selected, we will commit to my attending the orientation, program sessions, and graduation. As participants in this agreement, we fully understand that should more than THREE sessions be missed, the candidate may be dismissed from the program with no portion of tuition refunded. We also understand that candidate will be required to work on an individual and /or group project in addition to attending program sessions. We further understand that this is a competitive selection process, and due to the limit on the number of students admitted to the program, not all applicants will be accepted.

We, the undersigned, fully understand and agree to the above commitments.

Signature of Candidate: _____ Date: _____

Signature of Employer: _____ Date: _____

Print Name: _____

Title: _____

Organization: _____

Signature of Sponsor: _____ Date: _____

Print Name: _____

Title: _____

Organization: _____

Address: _____

Application not valid without signature of employer and/or financial sponsor, if applicable.