



Office Use Only: Applicant # \_\_\_\_\_

Name: \_\_\_\_\_

**Leadership Sandoval County  
Class of 2018  
Application**

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**Mission Statement:**

Leadership Sandoval County (LSC) is dedicated to developing leaders committed to improving their community through service.

**Selection Criteria**

Leadership Sandoval County seeks individuals who have:

- Commitment to allocate the time, dedication and energy to complete the program with the full support of their employer.
- Demonstrated commitment through past and present community involvement and/or an expressed desire for community involvement.
- Demonstrated capacity for leadership within their own business and personal organizations.
- A concern about the future of the Sandoval County community and a personal desire to help shape that future.

**COMPUTER TYPEABLE APPLICATION AVAILABLE ON CHAMBER'S LSC PAGE  
ON WEBSITE [www.rrcc.org/ourchamber/leadershipsandovalcounty-adultprogram/](http://www.rrcc.org/ourchamber/leadershipsandovalcounty-adultprogram/)**

The Leadership Sandoval County **Class of 2018** will represent the diversity of the Sandoval County Regional community. Finalists must attend a **personal interview**. Interviews will be scheduled between the months of July and August. All applicants will receive final written & email notification of their selection status by August 16, 2017. See page 5 regarding tuition fees & attendance requirements.

**Application Instructions**

- Type directly into this document. Click or tab to progress through the form. **Be sure to complete the "name" field at the top of this page.**
- Applications must be computer printed. **Handwritten applications will not be accepted.** Should you require assistance, please call the Leadership office at 505-999-1835
- Please limit answers to available space.
- Print a hard copy of the completed application and obtain all required signatures. **Keep a copy for your records.**

Applications may be submitted by:

Email to:  
[ssheridan@rrcc.org](mailto:ssheridan@rrcc.org)

Fax:  
505-892-6157

Mail:  
Leadership Sandoval County  
Rio Rancho Regional Chamber of Commerce  
4001 Southern Blvd SE Ste B  
Rio Rancho, NM 87124-2069

**APPLICATION DEADLINE:**  
**12 noon, July 31, 2017**

How many years have you lived in New Mexico? \_\_\_\_\_

How did you hear about Leadership Sandoval County?

Recruited/Referred by: \_\_\_\_\_

Chamber Publication/Function: \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_

**Biographical Data** *(Document will become longer as you complete the fields. Keep answers brief.)*

Mr./Ms.: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name/Nick Name (Badge) \_\_\_\_\_

Position/Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NM Zip: \_\_\_\_\_

Company Phone Main: \_\_\_\_\_

Company Phone Direct: \_\_\_\_\_

Company Fax: \_\_\_\_\_

Cellular: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web site Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NM Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

**References required**

**Please provide a reference.** Have your employer (or, if you are self-employed or a community volunteer, someone active in the community) **draft a brief letter of recommendation explaining why they feel you should be selected for the program.** Including their role in supporting you as an applicant and their willingness to encourage and facilitate your attendance at the required meetings.

**Please indicate the Type of Business you currently work in:**

- |  |  |
|--|--|
| <input type="checkbox"/> Advertising                 | <input type="checkbox"/> Legal Services/Attorney |
| <input type="checkbox"/> Automobile Sales/Dealership | <input type="checkbox"/> Manufacturing           |
| <input type="checkbox"/> Automobile Services         | <input type="checkbox"/> Marketing               |
| <input type="checkbox"/> Casino Industry             | <input type="checkbox"/> Medical Services        |
| <input type="checkbox"/> City Government             | <input type="checkbox"/> Military Services       |
| <input type="checkbox"/> County Government           | <input type="checkbox"/> Non Profit              |
| <input type="checkbox"/> Educational Services        | <input type="checkbox"/> Professional Services   |
| <input type="checkbox"/> Financial Wealth Management | <input type="checkbox"/> Publications/Printers   |
| <input type="checkbox"/> Financial/Bank              | <input type="checkbox"/> Restaurant              |
| <input type="checkbox"/> Food Service                | <input type="checkbox"/> Retail                  |
| <input type="checkbox"/> Health Services             | <input type="checkbox"/> Technology/Media        |
| <input type="checkbox"/> Hotel/Motel                 | <input type="checkbox"/> Telecommunications      |
| <input type="checkbox"/> Insurance Services          | <input type="checkbox"/> Other _____             |

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**Community Involvement**

1. Have you volunteered time or participated in other community activities during the last five years?  
**Yes** \_\_\_ **No** \_\_\_

2. If 'Yes', please describe below. (Spell out acronyms the first time used.)

Organization/Activity	Position/Role	Hours Per Month/Dates	Reference
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Please select at least one from those you listed above and briefly describe your involvement and the accomplishment of which you are most proud.

4. Please describe the area(s) of the community about which you would like to learn more or become involved.

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**Professional Involvement**

Have you volunteered time with, or been a member of, any professional organizations during the past five years? **Yes** \_\_\_ **No**\_\_\_

5. If 'Yes', please describe below. (Spell out acronyms the first time used.)

Organization/Activity	Position/Role	Hours Per Month/Dates	Reference
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Describe any significant impacts or contributions you may have made to your company or industry.

7. Describe leadership roles you have held

8. Briefly define your view of leadership.

9. What leadership skills do you feel you possess and how have others benefited from these skills?

10. What leadership skills do you have the desire to strengthen through this program?

11. Is there a person (either alive or deceased) who you consider a great leader?

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**Employment Information**

12. Please describe the duties /responsibilities of your current position.

13. My position or my company can positively impact the Sandoval County community through

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**General Information**

14. Briefly describe anything else you would like us to know about you.

15. What do you hope to gain by participating in the Leadership Sandoval County Program?

16. What do you think are the most pressing problems existing in Sandoval County today and why?

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**Completion of this section is voluntary and will not be included in selection process.**

- | <u>AGE</u>                     | <u>Gender</u>                   | <u>Race/Ethnicity</u>                     |
|--------------------------------|---------------------------------|---|
| <input type="checkbox"/> 21-30 | <input type="checkbox"/> Male   | <input type="checkbox"/> African American |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> Female | <input type="checkbox"/> Asian            |
| <input type="checkbox"/> 41-50 |                                 | <input type="checkbox"/> Caucasian        |
| <input type="checkbox"/> 51-60 |                                 | <input type="checkbox"/> Hispanic         |
| <input type="checkbox"/> 60+   |                                 | <input type="checkbox"/> Multi-Racial     |
|                                |                                 | <input type="checkbox"/> Native American  |

