



LEADERSHIP WICHITA FALLS

Name: _____

Go-by name (for name tag): _____

Home Address: _____

Home Phone: _____

Employer: _____

Business Phone: _____

E-mail Address: _____

Cell Phone: _____

Position, Title or Rank: _____

Have you previously applied for the Leadership WF program? _____

Why do you want to participate in LWF? *(Please check all that apply)*

Active Community Involvement

Resume Builder

Networking

Company Requirement

Introduction to Volunteer Boards

Personal Enrichment

Identify three priority issues/areas that you feel require local community attention: _____

Indicate any volunteer activities you have participated in over the past five years: _____

Please list three references: _____

My employer and I understand the time commitment required by the Leadership Wichita Falls Program, and if I am selected, I will devote the time required. 100% attendance at all sessions is expected to complete the Leadership program.

I understand that this program includes group transportation and group activities that may require some physical participation. I hereby agree, as indicated by my signature below, to hold Leadership Wichita Falls harmless in the event of injury.

Applicant's Signature: _____ Date: _____

Employer's Signature: _____ Date: _____

Tuition for the LWF program is \$650.

Tuition costs are usually paid by the participants' organizations. However, individual payment is also accepted. The complete tuition must accompany the application and will be promptly returned if not selected for the class. Refunds will not be available after January 2.

Send to: Leadership Wichita Falls
P.O. Box 8344
Wichita Falls, TX 76307

If you would like to pay by credit card, please contact us at leadershipwff@gmail.com to set up a PayPal transaction.