

**Community Leadership Program
Cass County 2021**

Application Form

Name _____

Address _____ City _____ State _____

Zip Code _____ E-mail address _____

Home Phone () _____ - _____ Cell Phone () _____ - _____

Place of Employment _____

Position Title _____

Do you require any auxiliary aids due to a disability? If yes, please explain

Please complete the following questions to help us understand your interest and experiences in leadership development.

Why do you want to participate in the Leadership Academy of Cass County?

How do you expect to grow as a leader through your participation in this leadership training?

In what leadership roles have you served for other organizations (service clubs, professional organizations, churches, school, etc.)?

