



EMERGING LEADERS PROGRAM

Application for Enrollment

The *Emerging Leaders Program* (ELP) is an ongoing training and leadership development course designed specifically for self-advocates seeking to increase their capacity to impact their local communities.

The Program is comprised of six classes revolving around key leadership competencies:

- **Relationship Building:** emotional intelligence, building trust, conflict resolution.
- **Feedback:** personal profile (SMART Goal), coaching, peer-to-peer feedback, effective communication
- **Agility:** cultivating decision-making skills, evaluating individual performance and goal achievement.
- **Adaptability:** dealing with change, time management, flexibility.
- **Innovation & Creativity:** enhancing critical thinking, brainstorming, teamwork, collaboration.
- **Leadership Launch:** (final class) refinement of personal SMART Goals, certificates, board member roles & responsibilities review, transition plans accepted.

**Transition Plans* with SMART Goals are developed during the ELP Program as part of the participant's Leadership Path and are expected to be adopted into everyone's ISP.



2355 Second Street Cuyahoga Falls, OH 44221



Summit DD Emerging Leaders Program Application for Enrollment

Please complete all fields.

Your Name*

First Name: _____ Last Name: _____

Your Current Address * _____

City _____ State _____

Zip Code _____

Email* _____

Phone Number* _____

Your Current Occupation*

- Student
- Full Time work
- Part Time work
- Other _____

*Please explain

Briefly explain your best work skills*

Why are you interested in the Emerging Leaders program?*



Do you consider yourself a good leader and why?*

What traits do you believe a great leader should have?*

Briefly describe any hobbies, interests, or issues you are passionate about.*

Do you have any volunteering experiences?* Circle one: Yes No

If Yes, briefly describe:-----



Please provide one personal or professional reference that is NOT a family member.*

Name* _____

Phone Number* _____ Relationship* _____

Email* _____

Privacy Statement: The personal information above is collected to evaluate the volunteer candidates during the eligibility process. The information may be shared with program and organization partners when deemed necessary.

Please Initial.

By Signing this application, I acknowledge that the information I've given is accurate.

I acknowledge that I am over the age of 18 years old.

If selected to participate in the Emerging Leaders Program, I agree to add the Leadership Transition Plan to my ISP.

Please sign and date below.

X

Your Signature

Date

*Please return completed application to Georgianne Hudson Smith, Ed.D. Community Support & Development Department, 2355 Second Street, Cuyahoga Falls, OH 44221 or email to gsmith@summitdd.org