
AWARENESS

Washington County

Leadership Program

ENROLLMENT FORM



The purpose of Awareness Washington County is to develop informed, skilled, and committed civic leadership. The program is designed to assist a diverse group of participants in acquiring a broad understanding of the issues facing the Washington County area, fostering leadership potential, enriching leadership skills, and building relationships that will facilitate collaborative efforts in resolving today's and tomorrow's challenges.

AWARENESS WASHINGTON COUNTY
LEADERSHIP PROGRAM

CONFIDENTIAL REGISTRATION

To identify qualified participants, each applicant will be reviewed for diversity, initiative, prior leadership achievement, awareness of community issues, and a demonstrated commitment to community service. This application should be completed with this criteria in mind.

PERSONAL DATA

Last Name: _____ First: _____ Middle: _____

Indicate name for name tag: _____

Home address (include city, state and zip) _____

Business address (include city, state and zip) _____

Send mail to (check one) Home _____ Business _____

Phone: (home) _____ (work) _____ (cell) _____

personal email: _____ work email: _____

Occupation: _____ Title: _____

Employer: _____

Employer's address: _____

Highest level of education completed: _____

Any food allergies: _____

The answers to the following inquiries are **optional**. We are interested in this information because one of Awareness Washington County's goals is to have a diverse pool of applicants from a broad cross section of the community. We would appreciate the following information:

Date of Birth: _____ Race: _____ Sex: _____

If married, name of spouse: _____

Children (names and ages): _____

How many years residing in Washington County? _____ If less than one year, community where you previously resided: _____

List current or past community involvement if any: _____

Why do you want to be a participant in AWC? _____

What do you feel is your responsibility to this community? _____

How do you hope to use the leadership skills acquired from AWC? _____

ADMISSION

Because there are often more qualified applicants than positions available, submission of this enrollment form does not guarantee acceptance into the program. A number of qualified candidates may not be chosen due to class size restriction. However, applicants are encouraged to apply again in subsequent years if they are not selected.

DEADLINE

Forms must be received no later than September 1st of this year, however spots are limited, please send form as soon as possible. Enrollees will be invited for a brief meeting. All applicants will be notified of acceptance status. Only submit information requested on this application. Attachments are not necessary. Thank you for enrolling to become a participant in Awareness Washington County. If you have any questions or need additional information, contact:

Cheryl Lee
cleetlee@aol.com
(c)812-844-0431

Tina Sweeney
tinassweeney@gmail.com
(c)847-544-6410

Any mail correspondence can be sent to
AWC
P.O. Box 212
Salem, IN 47167

TUITION

Tuition is \$400. Tuition is applied to the cost of class materials, speakers and trainers, meals and retreat accommodations. Tuition covers a small part of the total program budget; the balance is underwritten by businesses, organizations, and individuals by contributions and in-kind service. No tuition refunds will be made after ten days prior to the retreat.

If selected, payment in full is due one week before the retreat, unless other arrangements have been made with the Co-Directors. Applicants may pay tuition personally or seek assistance from employers or nominating organization. Regardless of the source(s) of tuition money, the applicant is responsible for ensuring payment.

Will your company / organization pay part or all of your tuition? ____yes ____ (unknown)

If yes: Contact person: _____

Phone: _____

SCHOLARSHIPS (This information is confidential. No one except the directors and you will know.)

Partial scholarships of up to 75% may be available to individuals who could not otherwise participate.

I will need scholarship assistance. _____ Amount requested: \$ _____

Reason for request: _____

Asking for assistance will not affect your chance for selection. If you are selected and need financial assistance, please contact one of the directors.

COMMITMENT BY APPLICANT

I understand the purpose of the Awareness Washington County program. If selected, I will commit the time and resources necessary to complete the program. Attendance at all of the workshops is necessary to accrue the full benefit of the program. A considerable amount of trust is given to AWC through the community's investment of time, resources, and money, justifying the strict attendance policy. If I am unable to attend any portion of the program (including tardiness and leaving early), it is considered an absence unless reasonable cause given before the absence is agreed upon by the Directors.

Failure to comply with this policy may result in dismissal from the program and forfeiture of tuition. If you or your employer, if applicable, are unable to make this commitment, it is not in your best interest to apply. Are you willing to make such a commitment?

Applicant's signature: _____ Date: _____

BENEFITS FOR MY EMPLOYER

Our program is designed to:

- help employees better understand themselves and other employees
- improve communication
- instill a sense of ownership in all employees in daily business, which will make for happier, healthier, more dependable employees
- teach teamwork (Often people don't know HOW to work together—have never experienced it)
- reduce negativity in the workplace
- teach how to build effective teams, how to relate to individual employees, how to *lead by serving* and how to be a model of leadership, instilling the same values in other employees

The program consists of the following...

- 2-day overnight opening retreat in September (attendance is required)
- 9 month program (one full class day each month, during the week, from October through May)
- Closing Retreat in May (one evening and one day session, not overnight)
- Other individual and group assignments and projects

EMPLOYER COMMITMENT (IF APPLICABLE)

By signing this commitment, it is understood the below named person has applied to participate in the Awareness Washington County Leadership Training program. I understand the time commitment, and the applicant has our full support, which includes the time required to participate in the leadership program.

Applicant Name: _____

Firm: _____

Printed Name: _____

Signature: _____

Title: _____

***Commitment is needed even if employer is not paying the tuition.**

Please have this form completed by employer and mail to:

**Awareness Washington County
P.O. Box 212
Salem, IN 47167**

Any questions please call: Cheryl Lee 812-844-0431 Tina Sweeney 847-544-6410 Yvonne Maxey 812-620-0282
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Photo Release Form

I hereby grant to Awareness Washington County the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of related photographs or videotaped images of the undersigned individual for use in connection with the activities of Awareness Washington County or for promoting, publicizing or explaining AWC or its activities. This includes, without limitation, the right to publish such images in AWC reports, visual presentations about the organization, the AWC web site, and other public relations/promotional materials, such as marketing publications, or advertisements. These images may appear in any of the wide variety of formats and media now available to Awareness Washington County and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media.

All photos taken are without compensation to me (the undersigned). All electronic or non-electronic negatives, positives, and prints are owned by Awareness Washington County.

Name (please print) _____

I hereby acknowledge that I am 18 years of age or older and have read and understand the terms of release.

Signature _____ Date _____

Witnessed by _____

PARENT/GUARDIAN SIGNATURE for Minors

I hereby acknowledge that I have read and understand the terms of this release for the above-named minor.

Parent/Guardian Signature _____

Date _____

Witnessed by _____

**Challenge Adventure Program
Activity Participation Agreement
Wonder Valley Christian Camp**

7093 W Wonder Valley Rd ♦ Salem, IN 47167 ♦ Ph# 812-883-4964 ♦ Email: info@wondervalleycamp.com

Print Name of Participant		Print Name of Group	
Address _____		City _____	St _____ Zip _____
Phone # _____	Email _____	Date Of Birth _____	Age _____ Gender _____

I understand that my participation in programs offered by the Challenge Adventure Program at Wonder Valley Christian Assembly, Inc. is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times I will choose my level of participation in any activity.

I understand the facilitators of Wonder Valley Christian Assembly, Inc. have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes courses, ground initiatives, and other activities in the Challenge Adventure Program for which I and/or my child have enrolled, entails certain risks. I elect to participate in spite of these risks.

Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Wonder Valley Christian Assembly, Inc. and its members, trustees, officers, employees, volunteers, independent contractors, and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participation in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant Wonder Valley Christian Assembly Inc. and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films videotapes, and sound recordings of myself or my child for use in materials they may create.

I do hereby authorize Wonder Valley Christian Assembly, Inc. in the city of Salem, county of Washington, state of Indiana to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named applicant under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. This application is made with my approval. I agree to the above statements and will in no way hold the Wonder Valley Christian Assembly, Inc., it's staff, or volunteers responsible for any accident that might befall the applicant.

X _____ Signature of Applicant	_____ Date
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Must be completed below if applicant is under 18 years of age.

Father's Name _____		Father's Phone # _____
Father's Address (If Different From Applicant's) _____		
City _____	St _____ Zip _____	Father's Email _____
Father's Employer _____		Work Phone # _____
Mother's Name _____		Mother's Phone # _____
Mother's Address (If Different From Applicant's) _____		
City _____	St _____ Zip _____	Mother's Email _____
Mother's Employer _____		Work Phone # _____
Emergency Contact In Case Parent Cannot Be Reached: _____		Ph# _____ Relationship To Applicant _____

_____ Printed Name of Parent or Legal Guardian	X	_____ Signature of Parent or Legal Guardian	_____ Date
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