



Mission Statement: To identify, educate and motivate potential community & business leaders

Leadership Coppell Class of 2024 Application

Thank you for considering Leadership Coppell. The purpose of Leadership Coppell is to identify current and potential Coppell leaders and to provide a nine-month program that will develop knowledge and understanding of the community, its complexities, and its potential. The program will also provide an opportunity for participants to meet and exchange ideas with each other and current community leaders, and to motivate and encourage participants to assume leadership roles in community affairs.

The program begins each year with a one-day retreat focusing on leadership, self-reflection and team building. Each of the events during the year offers a behind-the-scenes look at our city covering topics such as: local and state government, community services, education, healthcare, arts and culture, economic development, public safety, & non-profits.

This application is confidential and is used for selection purposes only.

Full Name _____

Email Address _____

Home Address including City, State and Zip Code _____

_____ Phone No. _____

Employer's Name & Address including City, State and Zip Code _____

Note: If self-employed, please provide the name, address and phone number for a member of our business community who is supporting your decision to apply. _____

Phone Number _____

Current Position _____

Involvement in Our Community _____

Please list volunteer, professional and business activities with which you have been involved. _____

Based on your answer above, how would you rate your level of community service up to this point?

Below Average

Average

Above average

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Purpose and Expectations

Why are you applying for Leadership Coppell? _____

What are your expectations of Leadership Coppell? _____

What do you hope to gain from a Leadership Coppell experience? _____

How would you apply that to our community? _____

What do you see as a current opportunity for our community and what are possible solutions to that opportunity?

In 5 to 7 words, how would your friends/business associates describe you? _____

Do you know of any of your friends or business associates applying for this year? _____

If so, please list the other participants. _____

Of the topics covered in Leadership Coppell, which topics are of most interest to you? Select your first and second choice.

___ Government Affairs ___ Healthcare ___ Economic Development ___ Public Safety ___ Education

___ Community Services ___ Arts & Culture

Leadership Coppell Steering Committee Expectations

Initial Next to Each Statement

___ Leadership Coppell requires an intense commitment to the retreat, events and volunteers who give of their time each month August through May. Additional time outside the scheduled classes will be required.

___ Tuition for Leadership Coppell is \$895.00 per participant. \$795 is paid by the employer, and \$100.00 must be paid by the participant. If the participant is self-employed or has no employer sponsor, a reduced rate of \$795.00 may be available and could be discussed at the time of acceptance to the program. The number of participants able to pay reduced tuition is limited and will be determined by the Leadership Coppell Steering Committee.

___ Attendance at the September one day retreat is mandatory due to its importance in establishing the year both in focus and team building. Failure to attend the retreat would immediately lead to dismissal with no refund of tuition.

___ Partial attendance may also be cause for dismissal and up to the discretion of the Steering Committee.

___ Participants are permitted up to 16 hours excused absence in order to graduate from the class (except the retreat, it is mandatory)

___ Participants missing more than 16 hours of class time may be considered for dismissal by the Steering Committee. Tuition will not be refunded.

DISCLOSURE:

Leadership Coppell's monthly programs typically involve a variety of different components and trips to different locations (including public safety operations, hospitals and schools) at which individual and group activities or tours will occur. Because of the activities involved and the locations visited, a risk exists and must be assumed by each participant that he or she may suffer physical or emotional injury. To assist Leadership Coppell in providing a safe experience, participants are asked to provide us with information regarding any limitations, conditions or disabilities you may have that could affect your safety or the safety of class situations.

RELEASE OF LIABILITY:

____ I have read and understand the disclosure statement above. I understand that Leadership Coppell's program may be physically or emotionally demanding. I recognize the inherent risks of injury or disability inherent in my participation in Leadership Coppell's program and I assume the risk of injury that could result from any of the class activities.

____ I RELEASE LEADERSHIP COPPELL, THE COPPELL CHAMBER OF COMMERCE, ITS STAFF MEMBERS, OFFICERS, DIRECTORS, REPRESENTATIVES, AGENTS AND AFFILIATES FROM ALL LIABILITY FOR ANY INJURY (INCLUDING, BUT NOT LIMITED TO, PERMANENT AND FATAL INJURY) TO ME AND OR DAMAGES TO OR LOSS OF MY PROPERTY RESULTING FROM MY PARTICIPATION IN THE LEADERSHIP COPPELL PROGRAM AND ACCEPT ALL RESPONSIBILITY FOR MY PERSONAL SAFETY.

Leadership Coppell, a division of the Coppell Chamber of Commerce is a community-based organization dedicated to providing training in Leadership skills. Participation in the organization's programs is subject to the observance of the organization's rules and procedures. Any participant or staff member who violates this Code is subject to removal from the program.

LC Code of Conduct

- Respect staff members, volunteers, or other participants.
- Be open and direct with others.
- Agree to disagree.
- Listen to others.
- Be responsible for your behavior.
- No possession or use of alcoholic beverages or illegal drugs during the Leadership Coppell class time or reporting to the program while under the influence of drugs or alcohol.
- Do not conduct yourself in a way that is endangering to the life, safety, health or well-being of others.

____ I have read and understand Leadership Coppell's Code of Conduct.

References and Background

Leadership Coppell may need to contact additional references as well as reserves the right to review the digital footprint of interviewed applicants. Please list one person, other than your employer or the person listed if you are self-employed, who may be contacted about you by the Steering Committee.

Full Name _____

Phone Number _____

How are you associated with this person? _____

Support Signature _____

Applicants for the Leadership Coppell program must have the complete support of their business or organization management. Please have your business or organization leadership sign below.

Business/Organization Signature _____

Print Name _____ Date _____

Payment

Employer/Self \$ _____ Participant \$ _____

If requesting something other than the shared responsibility of \$795/\$100 please explain the reason here. _____

Once submitted, you will be invoiced the tuition amount of \$895.00.

I accept an appointment to the 2023-2024 Leadership Coppell class and agree to the following commitments:

- I have the support of my employer for my participation.
- I will be able to attend the monthly sessions with orientation and the Retreat being mandatory.
- I understand the requirements of the program's attendance, mobile phone and texting policy

Signing acknowledges the acceptance of and adherence to the attendance policy and the schedule of events for the year. All applications must be received by Friday, June 7th. If there are questions not covered by the application or the Chamber website, please contact the Steering Committee or Chamber of Commerce

Applicant Signature _____

Print Name _____ Date _____