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## CRAWFORD UNLIMITED LEADERSHIP CONFIDENTIAL APPLICATION

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**SELECTION FOR PARTICIPATION IN CRAWFORD UNLIMITED LEADERSHIP IS BASED UPON:**

- **Quality of responses on the application.**
- **Letters of Recommendation.** *Two Confidential letters of reference are required for application. Please give the reference form to each reference along with a stamped envelope addressed to:*  
  
Crawford Unlimited Leadership  
  
112 East Mansfield Street – Suite 208  
  
Bucyrus, OH 44820
- **Meeting the application deadline.** *The application and letters of reference must be received at the address above on or before **August 20, 2011.***
- **An interview upon request of the Selection Committee.**

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### THE VISION OF CU Lead:

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**To provide a framework for individuals and organizations to grow leadership skills;**

**To create an environment for community needs to be identified and vetted by present and future leaders – gaining a commitment to community solutions;**

**To encourage individuals to become effective change agents in order to keep the Crawford: 20/20 Vision alive and in motion; and**

**To create a growing team of passionate, committed, dedicated leaders benefiting our community, our companies, our various organizations and the individual residents.**



Please refer to the dates below to be sure you can fulfill the commitment for participation:

**2011-2012 Class Schedule**

**(Approximate and tentative)**

<b>Date</b>	<b>Day</b>	<b>Time</b>	<b>Description</b>
9/16 & 9/17/11	Friday – Saturday	1:00 pm Friday – 4:30 pm Saturday	Opening Retreat (possible overnight)
10/21/11	Friday	8:30 am – 4:30 pm	Session
11/18/11	Friday	8:30 am – 4:30 pm	Session
12/16/11	Friday	8:30 am – 4:30 pm	Session
1/20 & 1/21/12	Friday – Saturday	1:00 pm Friday – 4:30 pm Saturday	Mid-course Retreat (possible overnight)
2/17/12	Friday	8:30 am – 4:30 pm	Session
3/16/12	Friday	8:30 am – 4:30 pm	Session
4/20/12	Friday	8:30 am – 4:30 pm	Session
5/18/12	Friday	8:30 am – 4:30 pm	Vision Project Presentations
6/1/12	Friday	8:30 am – 4:30 pm	Vision Project Presentations
6/5/12	Tuesday	6:30 pm – 8:30 pm	Graduation Ceremony

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DATE \_\_\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DO YOU RESIDE IN CRAWFORD COUNTY? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

DO YOU WORK IN CRAWFORD COUNTY? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

HOW LONG DO YOU ANTICIPATE LIVING/WORKING IN CRAWFORD COUNTY? \_\_\_\_\_

ARE YOU EMPLOYED OUTSIDE THE HOME? Yes \_\_\_\_ No \_\_\_\_ *(If yes, complete the following)*

CURRENT EMPLOYER: \_\_\_\_\_ Date began: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Title or Responsibility: \_\_\_\_\_ Since: \_\_\_\_\_

PREVIOUS EMPLOYERS

RESPONSIBILITY

DATES FROM-TO

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What do you consider your highest career or skill achievement to date?

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## EDUCATION

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*(Begin with high school, then college, military, business/trade schools. Include specialized training)*

<u>NAME &amp; CITY OF SCHOOL</u>	<u>DEGREE</u>	<u>MAJOR</u>	<u>DATES FROM-TO</u>
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## ACTIVITY/SERVICE

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Identify the volunteer role you are currently serving that is of most importance to you:

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Explain why it is important and why you became and remain involved:

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List **up to** three other community, civic, professional, business, religious, social, athletic, and other organizations of which you are or have been a member:

<u>ORGANIZATION</u>	<u>POSITION</u>	<u>SERVICE HOURS/MONTH</u>	<u>DATES FROM-TO</u>
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Please indicate any special recognition or awards for volunteer/service activities:

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If you previously have not had the time or interest to become actively involved, what conditions have changed that now enable and challenge you to seek involvement in the community?

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## ISSUES AND OBJECTIVES

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How do you think your involvement in CU Lead will help you grow as an individual? (Attach additional sheets of paper as needed)

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How can/do leaders build community in a home, organization or business? (Attach additional sheets of paper as needed)

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### PERSONAL RECOMMENDATIONS

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Two letters of recommendations are required for application (see form at the end of this application). Please select at least 2 individuals familiar with your community activities, commitment to those activities, and character. No more than one should be a business reference. Recommendations from immediate family members are not advisable. Please list the names of those you have asked to provide recommendations below. The recommendation forms are at the end of this application.

NAME

ADDRESS

PHONE

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### COMMITMENT FOR PARTICIPATION

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In order for Crawford Unlimited Leadership to accomplish its vision, the full participation of each individual selected is required. This includes:

1. Participants are required to attend all classes. Refunds will not be made for missed classes.
2. Participants will have the opportunity to select, prepare and present a project in support of the Crawford 20 / 20 Vision plan and commit to actuating or monitoring the project 1 year following the CU Lead course. Participants are expected to present their project at the end of the CU Lead Course and again to the following year cohort to report on progress.
3. Participants are expected to actively identify and recruit applicants for the following year cohort.
4. Participants will be encouraged to push beyond their self-defined limits through experiential activities. While strongly encouraged, engaging in experiential activities is not



mandatory for participants indicating medical or other reasonable reasons limiting participation.

5. Dress code is business casual or appropriate for experiential activities.
6. Participants will be photographed during sessions.
7. Participants should have fun learning and expect to develop enduring professional relationships with others in their cohort, as well as other class alumni.

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## TUITION

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If you are accepted into the Crawford Unlimited Leadership program, you or your company/sponsoring organization will be billed for the tuition fee of **\$1,000**, which is due and payable by **September 10, 2011**.

Financial assistance may be available for those who cannot fulfill the tuition requirements.

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TUITION BILL SHOULD BE SENT TO:    APPLICANT    SPONSOR  
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Applicant's Signature

Date

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Sponsor's Signature

Date

**Return to:**  
**Crawford Unlimited Leadership**  
**112 East Mansfield Street - Suite 208**  
**Bucyrus, OH 44820**

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# CONFIDENTIAL RECOMMENDATION

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**APPLICANT'S NAME:** \_\_\_\_\_

1. Please indicate your relationship and association with the applicant. How long have you known the individual?

2. How does this person exemplify strong leadership characteristics in daily activities?

3. What potential do you see for the applicant as a leader in the community and/or your organization in the future?

4. How do you think the applicant will benefit from Crawford Unlimited Leadership?

Name/Title \_\_\_\_\_ Signature \_\_\_\_\_

Organization \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this form and return on or before August 20, 2011 to:**

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Organization \_\_\_\_\_ Date \_\_\_\_\_

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