



50 Park Place, Suite 1410, Newark, NJ 07102-4301

Phone: 973-242-2144 Fax: 973-242-2164 Email: LeadNewark@verizon.net

Leadership Newark Fellows are selected on the basis of a demonstrable track record in the community, leadership ability and professional achievement. Leadership Newark seeks visionaries and those committed to the concept of servant-leadership, which is first serving others to then lead and serve for the common good.

CAREFULLY FOLLOW INSTRUCTIONS & ANSWER QUESTIONS THOUGHTFULLY

Instructions: Please type, neatly print, or reproduce this application's format with your own computer. While legibly printed applications are accepted, we strongly encourage you to submit a typed or computer formatted application. Submit this application to the address above no later than **June 26, 2009**. The Selection Committee reviews all applications. Please **do not send attachments** other than the letters of recommendation requested with this form. Only information contained on this form will be used for consideration to the program. **Faxed applications will not be accepted.**

Name (Last, First, Middle Initial) _____ (Nickname, if applicable) _____

Address (Please write legibly) _____

City (**Newark residents MUST include Ward**) _____ State _____ Zip Code _____

Home Phone _____ Home Fax _____ Cell Phone (**office use only**) _____

Home Email Address _____ Business Email Address _____

PLEASE TYPE OR PRINT LEGIBLY

EMPLOYMENT RECORD

Current Employer _____ Date of Employment _____ Position/Title _____

Business Address _____ City _____ State _____ Zip Code _____

Business Phone _____ Business Fax _____ Cell Phone (**office use only**) _____

Which of the following categories best describe your present field of employment?

Business Government Non-Profit Media Trade/Union Law
 Medicine Technology Education Arts Other _____

Briefly describe your present job responsibilities and the nature of your work. **PLEASE TYPE OR PRINT LEGIBLY**

REFERENCES

In addition to 2 Letters of Recommendations, choose people who know your leadership potential, your commitment to Newark and your accomplishments and list their name and daytime phone number below:

(1)	(2)
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EMERGENCY CONTACT:

NAME	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER
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PERSONAL BACKGROUND

Completing this section is voluntary. The information will be helpful in ensuring that the class represents the diversity of Newark. Leadership Newark strives to ensure each class reflects ethnic, geographic and professional diversity.

Age		Sex	Special Needs	Ethnic / Cultural Background
<input type="checkbox"/> 23/under	<input type="checkbox"/> 24 – 30	<input type="checkbox"/> Female	<input type="checkbox"/> Diet: _____	How do you choose to describe your race and/or your ethnic background?
<input type="checkbox"/> 31 – 35	<input type="checkbox"/> 36 - 40		<input type="checkbox"/> Physical Challenge(s)	
<input type="checkbox"/> 41 – 50	<input type="checkbox"/> 50+	<input type="checkbox"/> Male	<input type="checkbox"/> Other: _____	

APPLICANT’S COMMITMENT

One is first a servant then a leader - Leadership Newark’s program takes place one business day and one evening each month from **September 2008 through October 2009**. A retreat is scheduled in late September or early October and usually runs from Sunday through Tuesday requiring an overnight stay. Participation in the entire opening retreat is mandatory. In year two, meetings are scheduled once monthly at the convenience of the group from **November 2009 through June 2010**. Leadership Newark Fellows are expected to attend all seminars and training sessions. Candidates should have the support and commitment of their employers to ensure an understanding of the time commitment required for Leadership Newark participation.

Leadership Newark is generously supported by grants from foundations, corporations and donors. Additionally, upon acceptance to the program, Fellows are required to pay a modest tuition to cover materials. This will be due at the time of acceptance. Notification of acceptance will be in late August. Interested candidates should not let the tuition be a deterrent.

- A. Submit two (2) letters of recommendations with this application or you may have them sent under separate cover directly to Leadership Newark, Inc., 50 Park Place, Suite 1410, Newark, New Jersey 07102-4301.**
- B. I understand the purpose of Leadership Newark. I will commit myself and my time to complete the program. After the conclusion of the education and training program, as a Leadership Newark graduate, I will continue to support the activities of Leadership Newark.**
- C. I understand the applicable tuition payment is due in full at time of acceptance.**
- D. I understand all pictures taken at program events are the sole property of Leadership Newark, Inc. My signature below authorizes their use in promotional materials and articles about the organization.**
- E. I have the cooperation and support of my employer.**

Candidate’s Signature

Dated

**I AGREE TO SUPPORT THIS EMPLOYEE’S PARTICIPATION
IN THE LEADERSHIP NEWARK PROGRAM, IF ACCEPTED.**

Employer/Supervisor Name (Please Print)

Employer/Supervisor Signature

Submit By: June 27, 2008