Dickinson Area Chamber of Commerce Leadership Dickinson

Personal Information (please print)

Name: Last	First	Middle
School:		
Home Address:		
City:		State: Zip:
Student Phone:		
Student Email:		
Parent/Guardian daytime p	hone number (in case of emergen	ncy):
V	Community Involve n olunteer experiences and commun	ment inity organization:
1)	2)	
3)	4)	
	Commitment	
, .	lete the Leadership Dickinson Pro total of 80 hours throu Attending all sessions and gned hours of community instruct	graduation
Student's signature	I agree to the attendance & com	mitment policy Date
As parent/Guardia	an of this applicant, l support his/h Leadership Dickinso	ner participation & commitment to on.
Parent/Guardian signature _		
Printed name of Parent/Gua	rdian	
A	pplicant must have a minimum GF	PA of 2.5 to apply
School official signature (ver	ifying GPA)	
Printed name of School Offi	cial	

Application Deadline Is Friday, February 28

Return To

Dickinson Area Chamber of Commerce 314 3rd Avenue West Dickinson, ND 58601



General Information

1.	Name two people in our community that you feel exemplify leadership qualities:	
2.	What three leadership qualities do these people exhibit that stand out in your mind?	
3.	Pick one of these qualities and describe a situation in which you exhibited this quality:	_
_		
	Which of these qualities would you like to improve on?	
5. 	What do you hope to gain from being in Leadership Dickinson?	_
6.	What does leadership mean to you?	-
	What do you see yourself doing 5 years after high school graduation?	





REFERENCE FORM

Applicant Information (to be filled out by the applicant):

Name: Last		_ Firs	t		Middle
Home Address:					
School (please circle):	Dickinson High School	or	Trinity High So	chool	
To the Reference					
nurture and enhance t the future. Leadership	ove is an applicant for Lead the skills of students from Dickinson offers rare opp and activities of our comm	our co ortun	mmunity who v	vish to beco	me involved in shaping
and resources and allo	ip Dickinson are: rams that acquaint particip ow interaction with commu y to network with students	unity le	eaders and com	munity busi	nesses.
Foster students interes	st in community and volun	iteer e	experiences.		
Your assistance is grat Name of Reference:	efully acknowledged. Dea	dline	to apply is Frid	ay, Februar	ry 28.
Position/Title:					
School/Firm/Organizat	cion:				
Mailing Address:					
City:	State: _			Zip:	
Please answer the follo	owing questions to the bes	st of yo	our ability:		
For how long and in w	hat capacity have you know	wn the	e applicant?		

0 None	1 Some	<u> </u>	2 Fair	3 Good	4 Excellent				
	How would 1	you describ) Emerges as	e the students s a leader and	current style. (Plinyolves the entire	ease circle) e group.				
2)	2) Leader who works hard individually but needs help involving the entire group.								
	3) Leader who does a lot of behind the scenes work.								
4)	Leader who r	needs encour	ragement to p	articipate but ther	n does an excellent job.				
	5) Participate	s as a part of a	a group doing as c	lirected.				
low does the ap	plicant intera	ct with peers	?						
Н	ow does this	applicant exh	nibit the follow	ving? (Please rate	and comment)				
Concern fo		1	2	3	4				
		Low			High				
Responsib	ility	1	2	3	4				
		Low			High				
_									
-									
Maturity		1 Low	2	3	4 High				
_									
_									
		Si	gnature of Ref	erence					
	Date								

How would you rate the students leadership qualities currently.

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