

WILLCOX YOUNG GUNS



Class V Application

Instructions:

Please complete each section

Type or print in ink

Limit answer to space available

Release of liability must accompany application

Cost per participant is \$200.00 – please check one of the following:

My employer is paying my fee

My \$200 is enclosed

Paying the fee would create a hardship for me &/or my family. I need a scholarship; without a scholarship, I cannot attend

Application must be received by August 10, 2010

At the Willcox Chamber of Commerce and Agriculture

Attn: Willcox Young Guns

1500 N. Circle I Road

Willcox, AZ 85643

For more information on Willcox Young Guns or for assistance
In completing this application please call:

Kathy Smith, 384-2272

Ellen Clark, 384-3606 or 520 730-1125

Personal Information:

Name: _____

Home Address _____

Business Address _____

Home Phone _____ Business Phone _____

Cell Phone _____ email _____

Address _____

Occupation _____

Employment History (List most recent first)

Employer	Title	From	To
_____	_____	_____	_____
_____	_____	_____	_____

What leadership roles do you hold outside of your workplace at this time (if any)?

What do you consider to be your most important civic contribution?

What do you most enjoy about your volunteer / civic activities?

Have you been as active in the community as you would like to be? If not, what has kept you from being more involved?

What do you feel are the three most significant problems facing the northern Cochise County area at this time?

1) _____

2) _____

3) _____

What do you think needs to be done to address one of these issues?

What are the two most notable opportunities that northern Cochise County has to offer?

1) _____

2) _____

What do you believe needs to be done to develop one of these opportunities?

What specific skills / knowledge do you hope to gain from participation in the Willcox Young guns program? How do you see yourself putting those skills to work in the community?

Why do you think you are a good candidate for this program?

Education

Name/City of School	Dates	Degree/Certification
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Commitment:

If chosen to participate in the Willcox Young Guns, I hereby agree to attend every one of the scheduled sessions, the trip to the State Capital in Phoenix and participate in the graduation ceremony. I understand that, if employed, my employer will be notified if I miss a session; that provision may be made to make up a session if absence is deemed necessary.

Signature _____ date _____

Recommendations:

For your employer:

As the employer / supervisor of this candidate, _____, I pledge my full support for participation in Willcox Young Guns. I will allow this person to miss work if necessary to attend a session. If this candidate is accepted into the program and does not attend a session, I expect to be notified immediately. I am aware of the time commitment involved in his/her participation and that they have made a commitment to participate. This company / business supports employees in activities that improve our community.

Name _____ Title _____

Signature _____
(This must be signed by the applicant's supervisor if employed)

Personal recommendations:

List two persons (with day-time phone number) other than your employer who are knowledgeable about your leadership potential.

1) _____

2) _____

ACKNOWLEDGEMENT OF RISK
AND RELEASE OF LIABILITY

I, _____, understand that my participation in the Willcox Young Guns program may expose me to above normal risks of balancing, climbing, overcoming obstacles and encounters with other natural and man-made hazards.

I understand too, that although Willcox Young Guns (a community project administered by Willcox Chamber of Commerce & Agriculture) will take precautions to provide proper instruction and supervision, it is impossible to guarantee absolute safety. I also understand that I share the responsibility for safety during the program and I assume that responsibility. If at any time I feel uncomfortable with an activity, I can exercise my right to withhold participation.

I have in place personal health insurance and am responsible for any medical expenses that may arise as a result of accidental injury during participation.

I understand that parts of the program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate. I understand that each participant must assume the risk of physical injury that could result from any of the activities. I hereby release Willcox Young Guns, Willcox Chamber of Commerce and Agriculture, it's staff members, board/committee members, volunteers, financial supporters, and general members from all liability for any injury to me from participation in the Willcox Young Guns program. I understand that these terms shall serve as a release of liability for my heirs, executors, administrators and for all members of my family.

I understand and agree to the above terms and conditions.

Signature _____ date _____
