

# United Way of Madison County Leadership Social Services APPLICATION 2010-2011



## PROGRAM DESCRIPTION

United Way's **LEADERSHIP Social Services** is a community leadership development program for health and human services agency staff and board members. It is sponsored by the United Way of Madison County and is designed to identify leaders at agencies both inside and outside the United Way system who can guide change within their organization and in the community. Class members will participate in leadership development experiences designed to build networks and create opportunities for cross-agency collaboration as they *connect, communicate and collaborate*. Agency staff and Board members from a variety of health and human services agencies and backgrounds will gain expanded knowledge of our community, develop relationships and acquire skills in order to assume a more active and effective agency leadership role in addressing community needs.

## INSTRUCTIONS

- Please type or print answers clearly.
- Information about your commitment and your agency's commitment must be completed.
- Two confidential letters of reference, one from your agency director and one from another source should accompany this application. The reference forms may be found at the end of this application.
- **Application deadline is July 31, 2010.** Participants will be informed of selection by August 6, 2010.

## CRITERIA

United Way's **LEADERSHIP Social Services** is an issues and skills oriented leadership development program sponsored by United Way of Madison County. Skills training, site visits, and interactive discussion are designed to inform, motivate and increase the awareness of selected participants as they interact with one another and agency decision-makers. An effort is made to recruit a diverse class, representative of a full spectrum of agencies, positions, and backgrounds. Community volunteers may also apply. All class positions are open each year, and application does not guarantee selection. All positions are filled on an equal opportunity basis. Class size will be limited to no more than 15 participants per year to facilitate bonding and open communication. Class members will be selected based on the following criteria:

- record of achievement in the social services community
- the desire to collaborate with other agencies to encourage positive change in the social services community
- the ability to set and attain goals as demonstrated by significant career, personal or community achievement
- the commitment of necessary time and effort to complete the program
- representation from a cross-section of the population

## ATTENDANCE COMMITMENT

In order to graduate from **LEADERSHIP Social Services**, a participant is expected to make every effort to attend as many sessions as possible and collect a total of 20 points (out of 24 points possible). Once a participant has completed the Opening Retreat and started the class, that employee is considered a member of the class, and *any change in employment status* will not impact participation in the class.

**Tuition is non-refundable.**

Credit will be given for ½ day attendance for regular training days. Attendance at the Opening Retreat including the Orientation is *mandatory*. Attendance at the Closing session is also *mandatory*. Any **absences must be excused in advance**. Points may be accumulated as follows:

Opening Retreat	September MANDATORY	4 points
Class Days	October-May	2 points each (16 possible)
Closing Challenge	June MANDATORY	4 points

A sign in sheet will be passed around at the beginning of each Class Day. Each class member is responsible for making sure that they have signed the sheet and have been counted for credit.

For your information and planning purposes, the following are the *tentative* dates for all class sessions for 2010-2011. *Please note that dates are subject to change depending on the availability of presenters and facilities.* Classes generally run from 8:00 AM to 5 PM.

### **Tentative LEADERSHIP Social Services 2010-2011 Schedule**

Orientation (1:30-5:00 PM)	September 8, 2010
Opening Retreat and Ropes Course	September 9, 2010
Nuts and Bolts of Agency Management	October 1, 2010
Financial Stability Day	November 5, 2010
Law and Justice Day	December 10, 2010
Education Day	January 14, 2011
Community Health Day	February 4, 2011
Mental Health Day	March 4, 2011
Day at the Legislature	April 2011 (Date will depend on Legislative Calendar)
Quality of Life Day	May 6, 2011
Closing Session	June 3, 2011



**Education** (Including Colleges, Advanced Degrees, Specialized Training)

Name of School                      City/State                      Degree/Major                      Dates

Special Awards for Academic Performance/Leadership Positions Held During School Years:

**Professional Experience** (List previous employment/experience in reverse chronological order)

Organization                      Title/Responsibility                      Dates of Employment



**Most Significant Leadership Experience** (Briefly describe your most significant leadership experience in a health and human services setting. If it involved collaboration, please describe how you collaborated, with whom, and the result)

**Most Admired Leader** (Briefly describe a leader you admire and tell why you admire that person)

## **Problem/Solution**

Briefly *describe a community problem* that you have observed as a result of your work in the social services community. Tell *how you would solve that problem* using community resources including those of your agency and *how you would collaborate* with other agencies to address the problem.

## **Personal Expectations**

What are your personal expectations of **United Way LEADERSHIP Social Services**? Why do you want to participate in this program? How will you, your agency and your clients benefit from your participation?

## **Applicant Attendance Commitment**

*I understand the purposes of **United Way LEADERSHIP Social Services**, and if I am selected to participate in the program, I will devote the time and resources necessary to complete the program. Even though emergencies do arise, I know that any participant, who has not met the minimum attendance requirement for whatever reason, **may be dropped from the program with no fee refunded**. I understand the above commitments and agree in signing this application to be bound by them.*

**Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Organization/Agency Commitment**

*This application has the approval of this organization and the applicant has our full support, which includes the time required to participate in the program, and payment of the tuition upon selection to the program. The organization/agency acknowledges that any participant, who has not met the minimum attendance requirement for whatever reason, **may be dropped from the program with no fee refunded** and agree in signing this application to support our candidate in honoring the above commitment.*

**Agency Director/Board Chair Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agency Name** \_\_\_\_\_

## **TUITION**

If accepted into the program, you/your agency will be billed for the training fee of \$225 per person (\$275 for non United Way agencies), which will be due prior to the Opening Retreat. The fee helps cover program costs, including food, facilities, and staff time. **The fee is non-refundable in whole or part in the event you fail to complete the program due to non-attendance, withdrawal or change in employment status.** Please check the appropriate box below:

Tuition fee will be paid by:

Agency	<input type="checkbox"/>
Applicant	<input type="checkbox"/>
Other	<input type="checkbox"/>

**APPLICATION DEADLINE JULY 31, 2010**

APPLICATION SHOULD BE MAILED OR FAXED TO:

United Way LEADERSHIP *Social Services*  
United Way of Madison County  
701 Andrew Jackson Way  
Huntsville, AL 35801  
Phone 256-536-0745  
Fax 256-533-5309

**United Way LEADERSHIP Social Services  
CONFIDENTIAL REFERENCE FORM 1 of 2**

**Applicant's Name:** \_\_\_\_\_ **Applicant's Agency:** \_\_\_\_\_

**Applicant is applying as (check one) \_\_\_\_\_ Agency Staff \_\_\_\_\_ Board Member**

The above applicant has requested your evaluation be included as part of the application used to select members of the **United Way LEADERSHIP Social Services** class. **United Way's LEADERSHIP Social Services** mission is to identify agency leaders at agencies both inside and outside the United Way system who can guide change within their agency and in the community. Class members will participate in leadership development experiences designed to build networks and create opportunities for cross-agency collaboration as they *connect, communicate and collaborate*. Please answer the questions below to tell us more about the candidate. Your perspective of the applicant's potential as a leader in the social services community will provide the selection committee information on which to base its decision. An additional letter of recommendation may be attached, *if desired*. After completing this form, please:

- 1) Enclose it and any additional letters (optional) in a sealed envelope
- 2) Return the envelope to the applicant for submission **before July 31, 2010** with the application package or mail directly to :

United Way LEADERSHIP Social Services  
United Way of Madison County  
701 Andrew Jackson Way  
Huntsville, AL 35801  
Phone 256-536-0745 x 109

How long have you know the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

1. How has the candidate demonstrated leadership in the agency?
  
  
  
  
  
  
  
  
  
  
2. How has the candidate demonstrated leadership in the community?
  
  
  
  
  
  
  
  
  
  
3. How has the candidate demonstrated an ability to set and achieve goals?
  
  
  
  
  
  
  
  
  
  
4. Please share with us any unique aspects of this candidate's background that would contribute to his/her ability to *connect, communicate and collaborate*.

Your name: \_\_\_\_\_ Position: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**United Way LEADERSHIP Social Services**

## CONFIDENTIAL REFERENCE FORM 2 of 2

Applicant's Name: \_\_\_\_\_ Applicant's Agency: \_\_\_\_\_

Applicant is applying as (check one) \_\_\_\_\_ Agency Staff \_\_\_\_\_ Board Member

The above applicant has requested your evaluation be included as part of the application used to select members of the **United Way LEADERSHIP Social Services** class. **United Way's LEADERSHIP Social Services** mission is to identify agency leaders at agencies both inside and outside the United Way system who can guide change within their agency and in the community. Class members will participate in leadership development experiences designed to build networks and create opportunities for cross-agency collaboration as they *connect, communicate and collaborate*. Please answer the questions below to tell us more about the candidate. Your perspective of the applicant's potential as a leader in the social services community will provide the selection committee information on which to base its decision. An additional letter of recommendation may be attached, *if desired*. After completing this form, please:

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How long have you know the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

1. How has the candidate demonstrated leadership in the agency?

2. How has the candidate demonstrated leadership in the community?

3. How has the candidate demonstrated an ability to set and achieve goals?

4. Please share with us any unique aspects of this candidate's background that would contribute to his/her ability to *connect, communicate and collaborate*.

Your name: \_\_\_\_\_ Position: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_