

Leadership Monroe County: Class XXXIII **Application – 2025-26**



CONTACT INFORMATION

Full Legal Name: Preferred Name:

Business Address: Mailing Address:

Business Email: Home Email:

Business Phone: Home Phone:

Cell Phone:

Preferred phone and email (for publication in Leadership Monroe County Directory):

Phone: Home Business Cell
Email: Home Business

Region of residency / influence:

Lower Keys
(Key West – 7 Mile Bridge) Middle Keys
(Marathon – Conch Key) Upper Keys
(Long Key – county line)

Accommodation preference: Double accommodation
(no additional cost) Single accommodation
(additional costs)

RESIDENCY

Number of years residing in Monroe County:

Number of years registered as a Monroe County voter:

How long do you intend to remain in Monroe County?

LEADERSHIP PROGRAMMING

1. Have you completed a community leadership program elsewhere? If yes, please indicate where and when.
2. Have you previously applied to Leadership Monroe County? If so, which year(s)?

3. How did you learn about Leadership Monroe County?



4. What are your reasons for applying to Leadership Monroe County? (max: 60 words)

EDUCATION

1. List all schools from which you have received a degree or certificate of completion. Include business/trade school and special training programs.

<i>School</i>	<i>City, State</i>	<i>Degree / Certification</i>	<i>Graduation Date</i>

2. List awards or honors for academic performance or academic leadership activities:

EMPLOYMENT HISTORY

1. Provide your recent employment history (in reverse chronological order)

<i>Current Employer</i>	<i>City, State</i>	<i>Dates of Employment</i>	<i>Present Title</i>
<i>Previous Employers</i>	<i>City, State</i>	<i>Dates of Employment</i>	<i>Last position held</i>

2. What do you consider your highest professional responsibility, skill, or career achievement?
(max: 100 words)



COMMUNITY INVOLVEMENT

1. In order of importance to you, list any civic, professional, business, or volunteer organizations of which you are a member.

<i>Organization</i>	<i>City, State</i>	<i>Dates of Membership</i>	<i>Leadership/Board position held (if any)</i>

2. What accomplishments have you achieved within these organizations?
(max: 100 words)

3. Approximately how much time each month do you commit to these organizations?

4. How do you visualize your future as a leader in Monroe County? Include professional, volunteer, public office, appointed board, or other community leadership roles. (max: 125 words)



CRITICAL THINKING

1. In your opinion, what are the three most pressing problems currently facing Monroe County?
(max: 300 words)
2. In your opinion, what are some specific solutions and approaches for addressing these three problems? (max: 500 words)

APPLICANT COMMITMENT

By signing below, I certify that I meet the eligibility criteria for Leadership Monroe County. I commit to attending each session as an active and engaged participant.

Signature:

Date:

Leadership Monroe County: Class XXXIII Employer Commitment



The applicant for Leadership Monroe County, _____, has the full approval of this employer/organization for participation in this program.

As part of this approval, we authorize the applicant to attend all scheduled courses.

Name of Authorizing Individual:

Position/Title of Authorizing Individual:

Organization/Employer:

Signature:

Date:

(If self-employed, please include your own information above)

Leadership Monroe County: Non-Profit Scholarship Application



Full Name:

Position:

Organization:

If you are not chosen for a scholarship, do you wish to be considered in the regular pool of applicants? (You will be required to provide your own tuition funding). Yes No

Please provide a brief overview of the activities of your nonprofit organization in Monroe County and your own responsibilities (*max: 60 words*):

Please describe the financial need behind your scholarship request (*max: 60 words*):

Please provide a description of your intended contribution to the Leadership Monroe County program (*max: 100 words*):

I understand that if I am chosen for a scholarship and move from Monroe County within three years of graduation, I am responsible for repaying Leadership Monroe County the full tuition.

Signed:

Date:

Witness Name:

Date:

Witness Signature

LEADERSHIP MONROE COUNTY
RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT



I, _____ have decided to participate in Leadership Monroe County (hereinafter LMC). In consideration of my participation in the above entitled event, and with the understanding that my participation in LMC is only on the condition that I enter into this agreement for myself, my heirs and assigns, I hereby assume the inherent risks involved in LMC, and any risks inherent in any activities connected with this event in which I voluntarily practice. I expressly assume the risk and assume full responsibility for any and all illnesses (including COVID-19), injuries (including death), and accidents that may occur as a result of my participation in this event and release LMC, its agents, directors, partners, employees, successors, assigns, and representatives. This release includes release of LMC from any liability for any negligence on the part of LMC, its agents, directors, officers, partners, employees, successors, assigns, and representatives associated with any of the events in the LMC program. I acknowledge I am free to refuse participation in all or any part of the program and my decision to participate in any event associated with the program is done voluntarily and with full assumption of risk associated with the activity. I hereby waive any claim I may hereafter have as a result of any and all LMC events and injury to my person or property as a result of my participation in any other activities connected with the event in which I may voluntarily participate. I hereby agree to indemnify LMC for any and all claims, including attorney's fees and costs, which may be brought against them for myself, my heirs and assigns, as a result of any injury to me or my property which may occur as a result of LMC events. I understand that LMC will not be responsible for or reimburse me for any costs or damages that I may suffer. I understand that LMC is an interactive program exposing me to environmental elements, transportation, and tours of facilities associated with hazardous activities and that physical injury may result. I am of lawful age and legally competent to make this agreement. At the time of the event I am not intoxicated or under the influence of alcohol or drugs, and I am participating in this program of my own free will.

Applicant Signature _____

Date: _____