

————— RANDOLPH COUNTY —————

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Experience in Community Enterprise and Leadership Development

APPLICATION DUE BY
November 1, 2014
PARTICIPANT WILL BE
NOTIFIED BY
December 15, 2014

RETURN COMPLETED APPLICATION TO
Randolph County EXCEL, Inc. P O Box 655
Moberly, MO 65270

ENROLLMENT APPLICATION
Please type or print

Date of Application _____

Personal Data

Last Name	First Name	Middle Name
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Complete Home Address	Home Phone Number	Years in Randolph County
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e-mail address	Cell Phone Number	Male / Female
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Employer/Business	Position Title	Years in Current Job
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Complete Business Address	Work Phone Number	Years with Current Employer
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Do you have any special needs? If yes, please indicate those needs. _____

Why I Wish to Participate

Please state briefly why you wish to participate in Randolph County EXCEL.

Have you participated in a similar leadership program in another county/state? Yes No

What I Expect to Gain

What do you expect to gain from Randolph County EXCEL and how will you use your new skills?

Organizations, Activities and Community Involvement

Please list organizations, positions held and briefly state any accomplishments you consider significant and explain.

In your judgment, what are the three most critical issues facing our community today?

1. _____
2. _____
3. _____

Commitment Pledge

1. I wish to participate in Randolph County EXCEL XII.
2. I will be able to attend the sessions.
3. I have enclosed the \$50 deposit and will send a check in the amount of \$350 for the balance of the \$400 fee by January 27, 2015. *If not selected, my deposit will be refunded.*

Randolph County EXCEL is an intense learning experience and requires attendance at its regular meetings from January 27 to April 28, 2015. Each participant will be expected to be present. **Full attendance in the two-day one overnight retreat, held at the beginning of the program, is mandatory (Feb 6-8, 2015).** A Certificate of Completion will be awarded for the successful completion of the program (those meeting attendance requirements). I understand that any participant who is absent for a total of three (3) meetings may be dropped from the program, or may not receive a Certificate of Completion. Medical exceptions will be considered. I also understand that the \$400 fee will not be refundable after January 27, 2015.

Limited financial assistance may be available.

Signature _____ Date _____