

## Get Connected

**Leadership San Francisco** is an organization dedicated to educating and developing community trustees who will make a significant contribution to strengthen and transform our community.



## Application for Class of 2011

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**All applications will be handled in the strictest confidence.**

Online application also available at [www.leadershipsf.org](http://www.leadershipsf.org). Limit responses to the space provided. Questions of age, birthdate, race/ethnicity and sexual orientation are voluntary and are included to allow the selection committee to select a cross section of San Franciscans into the program, as well as determining eligibility for scholarships when applicable. Leadership San Francisco (LSF) will include participants from business, government, and community service organizations. For your application to be considered, **IT MUST BE TYPEWRITTEN ON THIS FORM** or completed on the website form available at [www.leadershipsf.org](http://www.leadershipsf.org). Photocopies are acceptable. Applications received in any other manner will not be reviewed by the selection committee. You may have up to 3 pages of attachments (e.g. letters of recommendation, etc.). Your resumé and a non-refundable application processing fee of \$50 is required with your application. Tuition of \$3,650 is due upon acceptance to the LSF program. (Please see Tuition/Commitment section on page 6.) Make check payable to the **San Francisco Chamber of Commerce Foundation, LSF**, a 501(c)(3).

## Criteria for Selection

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Applicants are urged to address these criteria in answering the questions on the application form:

- Evidence of commitment to San Francisco's well-being.
- Community and civic service leadership potential as evidenced by breadth and level of involvement in volunteer activities.
- Employment history that places candidate in a potential leadership position through his or her work or profession.
- A commitment to live and/or work in San Francisco.
- Residence in San Francisco is highly desirable but not mandatory.

**To accomplish the program's objectives, the full participation of each individual selected is necessary.**

Participation includes:

- attending a two-day overnight retreat on Friday, September 10 and Saturday, September 11, 2010;
- ten full-day sessions, one per month from September through June;
- serving on a planning committee for at least one session.

**To successfully complete the program, attendance is required at the retreat and at a minimum of eight of the ten monthly sessions. If an applicant withdraws from the program, no portion of the tuition shall be refunded.**

I understand the commitment this program requires and am able to fulfill the requirements:  Yes  No

**DEADLINE FOR APPLICATIONS EXTENDED TO FRIDAY, APRIL 30, 2010.**

Mail completed applications to:

Leadership San Francisco  
235 Montgomery St., 12th flr  
San Francisco, CA 94104

Applicants will be notified of acceptance by mail by June 8, 2010.

## Personal Data

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NAME: \_\_\_\_\_ GENDER:  MALE  FEMALE  
LAST FIRST MIDDLE

PREFERRED NAME: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

**COMPLETING THIS SECTION IS VOLUNTARY.**

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_ SEXUAL ORIENTATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN THE BAY AREA? \_\_\_\_\_ YRS. DO YOU PLAN TO REMAIN IN THE BAY AREA? \_\_\_\_\_

## Education

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Begin with most recent...

SCHOOL	FROM-TO	MAJOR	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What do you consider your highest achievement to date in the following areas:

CAREER: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMUNITY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

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EMPLOYER: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE: \_\_\_\_\_ EXT. \_\_\_\_\_ FAX: \_\_\_\_\_

MESSENGER ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

PREFERRED EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

CHECK ONE CATEGORY:

**For Profit**

- Large
- Mid-size (25-250 employees)
- Small (1-24 employees)

**Nonprofit**

- Large
- Mid-size (25-250 employees)
- Small (1-24 employees)

**Government**

- City
- County
- State
- Federal

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT ARE YOUR CAREER GOALS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your company a member of the San Francisco Chamber of Commerce?  Yes  No

Previous Employment (*begin with most recent*)

EMPLOYER	TITLE	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Leadership Training

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Have you ever participated in any other Leadership program?  Yes  No

If yes, where and when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever applied to Leadership San Francisco?  Yes  No

If yes, when? \_\_\_\_\_

## Volunteer / Activities / Community Involvement

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List, in order of importance to you, organizations (e.g. community, civic, religious, social, athletic, employment related) in which you have been an active member.

**ORGANIZATION:** \_\_\_\_\_ EMPLOYMENT RELATED?  YES  NO

POSITION: \_\_\_\_\_ DATES: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_ EMPLOYMENT RELATED?  YES  NO

POSITION: \_\_\_\_\_ DATES: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_ EMPLOYMENT RELATED?  YES  NO

POSITION: \_\_\_\_\_ DATES: \_\_\_\_\_

RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## General Questions

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**Please answer each of the following questions in 100 words or less.**

What do you hope to gain from and how do you expect to use your Leadership San Francisco experience?

In your judgement, what is the most pressing problem now facing the City and County of San Francisco? Explain why and give any recommendations you may have for approaching and resolving these problems.

Define community involvement and explain how you developed and demonstrated your leadership abilities within the community.

What additional information would you like us to know; e.g. family, hobbies, recreation, etc.

## Tuition / Commitment

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To successfully complete the LSF program, a participant is expected to attend all sessions. (Two absences may be allowed). The orientation retreat is Sept. 10 and 11, 2010. This is an overnight session. Attendance is mandatory for this session. All sessions are one full day per month beginning Sept. 16, 2010. All subsequent sessions will be the third Thursday of the month unless otherwise indicated. Monthly sessions run from approximately 8 am to 5 pm.

**Full participation requires serving on a planning committee for at least one session.** Planning committee meetings are scheduled weekdays from 8:30–10:00AM. Dates will be announced at the September retreat. Will you be able to fulfill this commitment?  Yes  No. Tuition for each participant is \$3,650, due upon acceptance, non-refundable and non-transferable. A \$50 non-refundable processing fee is required with all applications. Tuition will be paid by:  Employer,  Applicant, or  Employer and Applicant.

**Limited funds may be available for partial scholarships for participants employed by government, nonprofit organizations and small businesses.** If selected to participate, will you find it necessary to seek such assistance?  Yes  No (If yes, amount needed \$ \_\_\_\_\_.)

Acceptance into the program does not mean a scholarship has been awarded. **Tuition is due upon acceptance into the program.**

## References

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List the names of three references (including two from your volunteer activities) who can be contacted by the selection committee, if needed.

NAME

TITLE / ORGANIZATION

PHONE

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## Acknowledgement

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Do you have the full support of your employer to meet the participation requirements of LSF?  Yes  No

NAME OF SUPERVISOR (PLEASE PRINT OR TYPE) \_\_\_\_\_

I have reviewed this application and understand the time and financial commitment it represents. We agree to support Leadership San Francisco and these commitments if our candidate is selected.

EMPLOYER'S SIGNATURE

DATE

EMPLOYER'S PHONE NUMBER

**I UNDERSTAND THE PURPOSE OF THE LEADERSHIP SAN FRANCISCO PROGRAM** and that completion of this application does not ensure my acceptance in the program. If selected to participate, I will devote the time required. **Enclosed is my resumé and the \$50 non-refundable processing fee payable to the San Francisco Chamber of Commerce Foundation, LSF, a 501(c)(3).**

APPLICANT'S SIGNATURE

DATE

How did you hear about Leadership San Francisco? Please include name of source.

LSF Alumnae: \_\_\_\_\_  Community Leader: \_\_\_\_\_

Current Participant: \_\_\_\_\_  Other Source: \_\_\_\_\_