APPLICANT INFORMATION

2026-2027 Leadership Class Application

PERSONAL & CONTACT INFORMATION

Full Legal Name

Preferred Name

Employer / Organization

Job Title

Cell Phone

Email Address

Business Address

Mailing Address (if different)

How long have you lived or worked in Dade County?

EDUCATION

Highest level of education completed:

- ☐ High School
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctorate
- ☐ Other:

EMERGENCY CONTACT

Name

Relationship

Phone

EXPERIENCE & COMMUNITY INVOLVEMENT

2026-2027 Leadership Class Application

PROFESSIONAL INFORMATION

How long have you been with your current employer?

Briefly describe your current responsibilities.

COMMUNITY INVOLVEMENT

List organizations, boards, committees, civic groups, volunteer activities, or community service.

LEADERSHIP EXPERIENCE

Describe previous leadership experience or leadership training.

LEADERSHIP QUESTIONS

2026-2027 Leadership Class Application

1. Why are you interested in participating in LeadStrong Dade?

2. What do you hope to gain from this program?

3. What leadership qualities or experiences will you contribute to the class?

4. What do you believe is one of the greatest opportunities facing Dade County?

TIP: Be specific. Share your goals, experiences, and vision for Dade County.

SIGNATURES, TUITION & SUBMISSION

2026-2027 Leadership Class Application

EMPLOYER SUPPORT

Complete if employer-sponsored

Employer / Supervisor Name

Title

Date

Employer / Supervisor Signature

APPLICANT AGREEMENT

By signing below, I certify that the information provided is accurate. If selected, I agree to actively participate in LeadStrong Dade, attend scheduled sessions, complete the required class project, and represent the program professionally.

Applicant Signature

Date

PROGRAM INVESTMENT

TUITION: $200

Includes program materials, assessments, class sessions, site visits, and graduation recognition.

APPLICATION CHECKLIST

- ☐ Completed application
- ☐ Check / tuition payment
- ☐ Submit by August 5, 2026
- ☐ Employer approval (if applicable)
- ☐ Resume (optional)

*** Make Checks payable to Alliance for Dade

EMAIL
sandy.white@alliancefordade.com

MAIL
Alliance for Dade
P.O. Box 222
Trenton, GA 30752

DROP OFF
12345 Main Street
Trenton, GA 30752

Questions or help with the application? Call 706-657-4488

LEAD STRONG. LEAD DADE.

Building Strong Leaders. Strengthening Our Community.

CLASS CALENDAR

DATE	TOPIC	LOCATION / INSTRUCTOR
AUG 12, 2026	**Meet with Students / Orientation**	Library
AUG 26, 2026	**Team Building** Beth Richardson	Historic Courthouse
SEP 23, 2026	**Education & Schools** Josh Ingle	Board of Education Superintendent's Office
SEP 24, 2026	**Community Event –** **Doug Griffith Presentation (5:30 PM)**	High School Theatre
OCT 21, 2026	**Change Management** Will Garrett	Library
NOV 18, 2026	**Economic Development**	Integer and Trenton Pressing – **not yet confirmed**
JAN 20, 2027	**Government**	Trenton City Hall
FEB 24, 2027	**County Government Administration** Don Townsend, Evan Stone	Dade County Commission Room
MAR 24, 2027	**Critical Thinking**	Library
APR 21, 2027	**Conflict Resolution –** Hutch Garmany and Graduation	Historic Courthouse

LEARN. LEAD. SERVE. | TOGETHER, WE BUILD A STRONGER DADE.

LEADSTRONG DADE

Participant Commitment Agreement

Commitment to Excellence
LeadStrong Dade is an interactive leadership experience. Because each class builds upon the previous one, attendance and active participation are essential to your success and the success of your fellow participants.

Attendance Commitment

- I understand that I am expected to attend **all scheduled class sessions**.
- Classes are held from **8:30 a.m. to approximately 1:00 p.m.**.
- I understand that I am permitted no more than **two (2) excused absences** during the program.
- Exceeding this limit may result in dismissal from the class and forfeiture of my program tuition.
- Excused absences include the death of an immediate family member, personal illness accompanied by a physician's excuse, a work-related emergency that requires my direct involvement and cannot reasonably be delegated, **or other similar unforeseen circumstances approved by the program administrator.**
- I have ensured that my employer (if applicable) understands the attendance requirements and supports the time commitment necessary to complete the program.

Participant Acknowledgement

By signing below, I acknowledge that I have read and understand the attendance and participation requirements of the LeadStrong Dade Leadership Program. I agree to honor this commitment and understand that failure to meet these requirements may result in dismissal from the program and forfeiture of my tuition.

Participant Name (Print): _____

Signature: _____ Date: _____

Employer/Organization: _____

Employer/Supervisor (if applicable): _____

Employer Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____

Program Director Signature: _____

Date: _____

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