

Child & Family Leadership Exchange

Confidential Application

Thank you for your interest in the Child & Family Leadership Exchange (CFLE). Please complete each section of this confidential application in full. Limit answers to the space provided. This application must be signed by the applicant and employer/sponsor and returned to Summit County Children Services, 264 South Arlington Street, Akron, Ohio 44306 by April 30. If you have questions regarding this application, please call (330) 379-1994.

Child & Family Leadership Exchange participants will be identified by the program's Selection Committee based on leadership potential, community service, ability to comply with the time commitment required, and clarity in response to application questions.

An important selection factor is the applicant's ability to utilize the leadership skills gained through the program on a long-term basis to benefit the community. Participants selected for CFLE will represent the diversity of the professionals serving Summit County children and families. Appointments to CFLE are limited; applicants not selected may reapply in subsequent years. Once selected, participants are required to attend an overnight retreat and monthly day-long sessions, in addition to completing monthly pre-class assignments. Participants who fail to fulfill attendance requirements must withdraw from the program. Tuition is non-refundable. Applicants must have full, written support of the organization they represent.

Section One: Personal Data

Name

Preferred First Name or Nickname

Employer

Job Title/Responsibility

Professional Licenses/Titles (Ph.D., MSW, LISW, etc.)

Business Address

City

State

Zip Code

Business Phone

Business Fax

E-mail Address

Cell Phone

Home Address

City

State

Zip Code

Home Phone

Length of Residence in the Akron Area

Marital Status

Spouse's Name

Number of Children

Names and Ages

Where did you hear about CFLE?

Section Two: Education

Beginning with high school, please list all degrees/certifications you have received. Degrees in progress may also be listed.

Name of School	Date of Graduation	Major/Area of Study	Degree

List your principal extracurricular activities, offices held and special honors/awards for leadership activities or academics received while in school.

Name of School	Description of Award/Activity/Honor

Section Three: Employment

Present Employer _____

Title or Responsibility _____

How long have you been in this position? _____

Briefly describe your employment responsibilities _____

Which of the following categories best describes your current position? Please circle one.

Social Worker Supervisor Administrator Medical Professional Attorney School Official

Other (please specify) _____

List previous employment in reverse chronological order (include active military duty).

Employer	Title/Responsibility	Dates From-To	Reason for Leaving

List business/professional affiliations using the full name of the organizations.

Name of Organization	Position Held	Dates From-To

Section Four: Community Involvement

In order of importance to you, list your community, civic, religious, political, social, athletic or other activities.

Name of Organization	Position Held	Dates From-To

What do you consider to be your most important accomplishment in one of the above organizations? Why?

How much time each month do you commit to volunteer work? _____

If you have not had the time or interest to become actively involved, what conditions have changed that now enable you to seek involvement in the community?

Section Five: General Information

What particular strengths and experiences would you bring to the program?

What do you hope to gain from, and how do you expect to use, your CFLE experience?

Briefly identify one pressing problem related to human services facing Summit County today and discuss your approach to solving it.

Is there any additional information you believe would assist the CFLE Selection Committee in assessing your qualifications?

Section Six: References

Name and Title		Phone
Business/Organization		
Street Address		
City	State	Zip Code
E-mail		

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Business/Organization		
Street Address		
City	State	Zip Code
E-mail		

Name and Title		Phone
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