



Application

Applicant Name: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Email: _____

Personal Information

Date of Birth (mm/dd/yyyy): _____

City of Birth: _____ State of Birth: _____

Citizenship: United States Citizen Not a United States Citizen

Have you ever been convicted of a felony? No Yes

Gender: Male Female

Marital Status: Married Single Divorced Separated

Spouse's Full Name: _____

Spouse's Phone Number: _____

Spouse's Email: _____

Names and ages of Children: _____



EDUCATION

List all schools attended, including high school, college and/or short courses:

High School attended and year graduated: _____

College Attended: _____

Date of Graduation: _____

Degree Earned and Year Graduated: _____

Additional Degrees and Education: _____

How did you learn about CALP? _____

Do you know anyone personally who has gone through CALP as a participant? If so, who? _____

OCCUPATIONAL EXPERIENCE

Current Position/Title: _____

Current Occupation/Duties/Responsibilities: _____

Company, Farm/Ranch Name: _____

Commodities/Service/Products Provided: _____

Other Comments: _____

AGRICULTURE PRODUCTION EXPERIENCE (if applicable)

Rank commodities produced in order of predominance
Please detail your full-time or part-time production (farming, ranching, managing)
agricultural experience and operation size.



AGRI -BUSINESS WORK EXPERIENCE
(if applicable)

Please detail any non-production or agribusiness experiences related to agriculture (e.g., agchemicals, ag-education, ag-sales, etc.) List most recent first.

Dates Employed _____

Company _____

Location _____

Type of Business _____

Position _____

NON-AGRICULTURAL WORK EXPERIENCE
(if applicable)

Please detail experiences and association with agriculture or rural communities.



ORGANIZATION AND COMMUNITY EXPERIENCE

Indicate your past and current membership and offices held in organizations, including college and technical institute, agricultural, civic, church, governmental and military. (Include only last 8 years.)

Organization _____

Dates of Membership _____

Offices Held/ Committees/Responsibility _____

List awards and honors you have received _____

PERSONAL INTERESTS

List three books, articles, movies, people or speakers that have given you useful insights during the past year.

Briefly describe your foreign travel, if any. Indicate countries visited, travel dates and purpose of travel.

Country Visited _____

Travel Dates _____

Purpose _____

Name the three best times of the year (in order of preference) for you/your family/operation for you to be away at a 10-14 day international study seminar. List month names.

(1st) _____

(2nd) _____

(3rd) _____



COLORADO AGRICULTURAL LEADERSHIP PROGRAM

**Application Agreement Form
Class 14 2019 - 2021**

The CALP program is a huge commitment of time. My signature below indicates my willingness to make the commitment of full participation and attendance.

Furthermore, I agree that once any tuition fees have been paid, there is no refund, full or partial.

Applicant's Signature

Date

This page must be returned with the application.

Email to:

dani@coloagleaders.org

Mail to:

Colorado Agricultural Leadership Program

PO Box 1183

Cortez, CO 81321



COLORADO AGRICULTURAL LEADERSHIP PROGRAM

References

Name of Applicant: _____

All recommendations must be received in the CALP office by **September 30**. All replies are confidential.

List three references who we may contact to assess your potential for leadership in the agricultural industry. Unless you indicate otherwise, it is assumed the people listed below will be the same ones you ask to complete the attached ***Recommendation Form***.

Name _____

Company _____

Position _____

Address _____

City/State/Zip _____

Phone () _____ Email _____

Name _____

Company _____

Position _____

Address _____

City/State/Zip _____

Phone () _____ Email _____

Name _____

Company _____

Position _____

Address _____

City/State/Zip _____

Phone () _____ Email _____



I understand my commitment for participation in the Colorado Agricultural Leadership Program and give my permission for contact of the references supplied. I hereby certify that all statements made in this application are true and complete. I agree and understand that any misrepresentation or omission of material facts herein will cause disqualification of my application. I understand that selection of applicants is the sole responsibility of the Board of Directors of the Colorado Agricultural Leadership Program.

Name (print) _____

Signature _____ Date _____



COLORADO AGRICULTURAL LEADERSHIP PROGRAM

Recommendation for (Name) _____

City _____

To the Applicant: Please type your name and city in the space above and give this form to someone familiar with your leadership capabilities and potential. The confidential recommendation is to be mailed directly to the CALP office by the person completing it.

To the Reference: The applicant above will be considered for a leader position in the two-year Colorado Agricultural Leadership Program. This program is designed to provide leaders in agriculture and rural communities with an opportunity to develop their leadership potential. Training will include seminars and travel experiences designed to increase knowledge, enhance skills and allow the opportunity to discuss important issues with local, state, national and international leaders within and outside of agriculture. It would be helpful in our selection process if you would provide the CALP Board with your assessment and opinion of this applicant using the form below. Send your referral directly to the CALP office postmarked no later than September 1. State nature and duration of relationship with the applicant:

Please make an assessment of the applicant using the eight criteria below and provide a written summary on the reverse or separate letter.

A 5 denotes **Superior Excellence**, 4 is **Good**, 3 is **Satisfactory**, 2 is **Poor**, and 1 is **Not Acceptable**.

SCORE

	A) LEADERSHIP INTEGRITY: The degree to which the applicant is recognized and respected.
	B) LEADERSHIP EFFECTIVENESS: Demonstrated success as a leader in working with others to get things done.
	C) ANALYTICAL SKILLS: Mental ability to understand complex issues including depth of insight into issues facing rural Colorado.
	D) COMMUNICATION SKILLS: Includes writing, speaking and listening – with both individuals and groups.
	E) POTENTIAL FOR GROWTH: Openness to broadening experiences and contracts, especially with those of different cultures.
	F) COMMITMENT TO PARTICIPATE: Depth of involvement and commitment of following through with tasks undertaken.
	G) VOCATIONAL COMMITMENT: Degree of commitment to agriculture as a vocation.
	H) OVERALL ASSESSMENT OF LEADERSHIP POTENTIAL: Potential for providing leadership in agriculture/rural Colorado.



Signature _____

Name _____

Phone _____

Street Address _____

City _____

State _____

Zip Code _____

Email _____

To the Reference: In addition to these responses we request additional comments that you might share with us regarding this individual. Please include in a separate letter, if possible.

Thank you for this reference.
Questions? Call (303) 547-5963.

Please complete, scan and submit via email to dani@coloagleaders.org or complete and mail. Must be RECEIVED in office no later than **September 30:**

Colorado Agricultural Leadership Program
PO Box 1183
Cortez, CO 81321

Equal opportunity program. Available without discrimination on the basis of race, color, national origin, sex, age or handicap.



COLORADO AGRICULTURAL LEADERSHIP PROGRAM

Supporting Application by Spouse of Candidate

Name of Applicant: _____

Name of Spouse: _____

How long have you been married to the candidate? _____

How do you help your spouse in his or her business? _____

Why would you like to see your spouse selected to participate in this program? _____

Signature _____ Date _____