

PERSONAL

| FULL NAME | | | DATE OF BIRTH |
|---|-------------------|---------|---------------|
| PREFERRED NAME FOR NAME BADGE | | | |
| PREFERRED PHONE | PREFERRED EMAIL | ADDRESS | |
| LENGTH OF RESIDENCE IN WILLIAMSON COUNTY/ROUND ROCK A | AREA | | |
| Do you currently | | | |
| Live | | | |
| Work | | | |
| Live and work in Round Rock/Williams | on County | | |
| What do you hope to gain from your involv | rement in Ascend? | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Have you graduated from Leadership Roui | nd Rock? | | |
| Yes | | | |
| No What Year? | | | |
| | | | |
| ** Please also attach a brief bio. | | | |
| | | | |
| EDUCATION | | | |
| | | | 1 |
| COLLEGE/UNIVERSITY | MAJOR | YEAR(S) | DEGREE |
| COLLEGE/UNIVERSITY | MAJOR | YEAR(S) | DEGREE |
| SPECIAL AWARDS OR CERTIFICATIONS | | | 7 |



EMPLOYMENT

| COMPANY | | | | | |
|---|---------------------------|------------------------|---------------|--|--|
| TITLE | | LENGTH OF EMPLO | DVMENT | | |
| IIILL | | LENGTH OF EMPLOYMENT | | | |
| BUSINESS ADDRESS | CITY | STATE | ZIP | | |
| | | | | | |
| CURRENT JOB DESCRIPTION | | | | | |
| PREVIOUS EMPLOYER/JOB TITLE | | | | | |
| LIST ANY BUSINESS ORGANIZATIONS, SPECIAL AWA | ARDS, OR ACKNOWLEDGEMENTS | | | | |
| What do you consider your most What is your career goal in the n | | far in your career? | | | |
| | ext live years: | | | | |
| | | | | | |
| | | | | | |
| COMMUNITY INVO | | er during the past fiv | ve years: | | |
| | | | | | |
| ORGANIZATION | POSITION/CONT | RIBUTION | DATES FROM-TO | | |
| ORGANIZATION | POSITION/CONT | RIBUTION | DATES FROM-TO | | |
| DRGANIZATION | POSITION/CONT | RIBUTION | DATES FROM-TO | | |
| ORGANIZATION | POSITION/CONT | RIBUTION | DATES FROM-TO | | |
| ORGANIZATION | POSITION/CONT | RIBUTION | DATES FROM-TO | | |



Ascend Mission Statement

To support, cultivate and attract emerging leaders, by providing access to business resources, educational opportunities, and community partnerships in an effort to enhance the Round Rock area.

COMMITMENT STATEMENT

| FMPLOYER SIGNATURE | DATE |
|--|--|
| SIGNATURE | DATE |
| | or the pregram sessions and events. |
| to conduct their business until afte | er the program sessions and events. |
| Participants are expected to silen | ce any cell phones during the session and wait |
| professional manner at all times. | |
| Agree to represent the communit | y, your business, and the chamber in a |
| meeting. | |
| Complete any outside assignmen | ts, i.e., attending a city council or school board |
| Class participation can be extend | ded to include three years in the program. |
| Tuition is due prior to the retreat. N | No refunds will be made after the first class. |
| Orientation is a mandatory full da | y retreat in January. (Date TBD) |
| allowed per year. | |
| from approximately 11:00 a.m. to | 1:00 p.m. A maximum of only two absences are |
| Attend all sessions (January - Dec | ember). All sessions are held once per month |
| Please initial each item to acknowledg | ge requirement and sign below. |

The Ascend Council will select participants for the class. Participants will be chosen through a comparative assessment from the full complement of applications made for the year. The intent of this selection process is to create a group of the best quality candidates that represents a cross section of interest within the community. Applications must be received by <u>September 30, 2017</u> to be considered. Applicants will be notified of their acceptance by the last week of November.