



**San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Workforce Education and Training**

**LEADERSHIP DEVELOPMENT PROGRAM
APPLICATION**

All responses on this form must be electronically typed, and all required signatures must be obtained prior to submission. Handwritten or incomplete applications will not be considered.

CONTACT INFORMATION

Name			
Agency			
Job Title/ Position		Agency Location	
Work Phone		Cell Phone	

APPLICATION INFORMATION

Why should you be considered for the Leadership Development Program?

What are your career goals for the next 5-10 years?

How will the LDP program contribute to the achievement of your career goals?

What are the leadership traits you value the most?

APPLICANT

By signing this I agree to participate in, and personally complete, all aspects of the Leadership Development Program, including, but not limited to, in-class sessions, reading assignments, team projects, presentations, and other training related activities. I understand that delegating any portion to others will result in my removal from the program.

Applicant Signature		Date	
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DIRECT SUPERVISOR

A signature below from the applicant's direct supervisor is an agreement the applicant received a Meets or Exceeds Job Standards rating on the Overall Evaluation portion of their most recent Work Performance Evaluation and the applicant will be allowed to participate in all aspects of the Leadership Development Program during regular work hours for a term of up to one year.

Name		Title	
Signature		Date	

MANAGER (If not Direct Supervisor or Contract Agency Equivalent)

A signature below from the applicant's manager is an agreement the applicant will be allowed to participate in all aspects of the Leadership Development Program during regular work hours for a term of up to one year.

Name		Title	
Signature		Date	

DEPUTY DIRECTOR (or Contract Agency equivalent)

A signature below from the applicant's deputy director is an agreement the applicant will be allowed to participate in all aspects of the Leadership Development Program during regular work hours for a term of up to one year.

Name		Title	
Signature		Date	

SUBMISSION INSTRUCTIONS

Completed applications must be submitted via email to
DBHtraining@dbh.sbcounty.gov by 5:00 PM on the application closing date.

Incomplete, handwritten, or late applications will not be considered.