

CityMatCH CityLeaders Application

Please complete ALL sections by Friday, June 8, 2018 and e-mail to:
Stephani.Tyrance@unmc.edu. For questions call Stephani at 402-552-9595.

Section I. CityLeaders Contact Information

First Name

Last Name

Personal Email Address

Mobile Phone Number

Organization or Place of Employment

Job Title(s)

Mailing Address

City/State/ZIP

Office Phone Number

Work Email Address

Organization Type

- | | |
|---|---|
| <input type="checkbox"/> Academia | <input type="checkbox"/> Corporate/Private (for profit) |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Not for Profit/Non-Profit |
| <input type="checkbox"/> Political/Legal | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Other |

Educational Degree(s) Completed:

Race (select all that apply)

- American Indian or Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian/Pacific Islander
- Other

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

I Identify my sex as

- Female
- Male
- Intersex
- Other

***All Demographic information is collected and used for aggregate reporting purposes.**



Section II. CityLeaders Personal Statement

In **no more than 750 words**, how do you intend to become a more effective, culturally competent urban MCH leader? Why is this important to you, your organization, and your community?

Section III. Supervisor Accountability Endorsement

This Section is to be completed and signed by Applicant's Supervisor or person whom the Applicant is primarily accountable:

Name of Applicant,

is under my direct supervision. I have read the description of CityLeaders Responsibilities and agree to the following:

1. I will allow her/him time off from regularly assigned duties to participate in all required activities of the program. (The supervisor and applicant will agree on how to account for the excused time.)
2. I understand that the CityLeaders program is NOT able to provide a stipend to cover travel or registration to the CityMatCH conference.
3. I will support the applicant's use of newly learned/developed knowledge, skills, attitudes, and competencies in her/his work, including the use of their Individual Leadership Action Plan.

Supervisor's Name

Supervisor's Title

Organization or Place of Employment (if different from Applicant's place of employment.)

Supervisor's E-mail

Supervisor's Phone Number

Supervisor Signature: Electronically signed by:

Date:

Section IV. CityLeaders Commitment to Responsibilities

CityLeaders must commit the time and effort required to participate in the CityMatCH Urban MCH Leadership conference, and to participate in distance learning opportunities. Please initial each item below (at the right of the statement) if you agree to the following items A through D:

A. Orientation

Attend: "Introduction to CityLeaders" 90-minute conference call on Monday, Aug. 20, 2018.

B. Conference in Portland, OR

1. I will be in attendance at the pre-conference on-site training, Sept. 11, 2018 from 1:00 p.m. to 5:30 p.m., and schedule my travel accordingly.

2. I will attend ALL conference evening gatherings designated for CityLeaders.

3. I will be in attendance at the post-conference on-site training, Sept. 14, 2018 from noon to 2:30 p.m., and will schedule my travel accordingly.

4. I understand that the CityLeaders program is NOT able to provide a stipend to cover travel or registration to the CityMatCH Conference

C. Mentor

I will meet with my mentor at times to be determined by the two of us.

D. Participation Throughout Program

1. I will read all materials, complete self-assessments and preparatory work, participate in distance learning, complete an Individual Leadership Action Plan, and turn in all evaluations as assigned.

2. I will be an active participant in the program and agree to participate in the group's learning.

As an applicant for the CityLeaders Program, I have read the description of "CityLeaders Responsibilities" and hereby commit and agree to all of the conditions and requirements (items A through D above) of the Program.

For **marketing purposes**, I authorize use of my name as a scholar/alumnus of the program and of photographs taken during my participation in program activities. I understand that as part of this program, I may participate in the creation of web pages that may contain demographic information about me, and I authorize the release of this information.

Applicant Signature: Electronically signed by:

Date:

CityMatCH Staff will notify applicants of their Application Status on or before Friday, June 29, 2018.