**CityMatCH CityLeaders Application***Please complete* ***ALL*** *sections by* ***COB******Friday, October 29, 2021*** *and e-mail to:* *Ashleigh.sutphen@unmc.edu* *please contact Ashleigh Sutphen for questions.*

**Section I. CityLeaders**
Participants engage in nine months of intensive training on the MCH Leadership Competencies including one virtual\* meeting and a series of distance-based skills-building opportunities. A key component in the program is the connection through CityLeaders to a senior urban MCH leader in the field for a mentor/mentee relationship. The leadership training began in 2007, and continues to develop MCH leaders to tackle challenges and seize opportunities on behalf of the women, children, and families they serve.

**\**Virtual meeting will replace the onsite meeting for the 14th cohort due to the 2021 CityMatCH Leadership and MCH Epidemiology Conference being held virtually, December 8-10th, 2021.***

**Contact Information:**

**First Name:**

**Last Name:**
**Pronouns:**
**Personal E-mail Address:**

**Mobile Phone Number:**
**Organization or Place of Employment:**
**Job Title(s):**
**Mailing Address:**
**City/State/Zip:**
**Office Phone Number:**
**Work E-mail Address:**

**Organization Type:**

Academia Corporate/Private (for profit)
Local Government
Not for Profit/Non-Profit
State Government
Tribal
Other

**Educational Degree(s) Completed:**

**Applicant number of years in public health or related field:**

0-1 years

2-4 years

5-9 years

10 or more

**Applicant number of years in current position:**

0-1 years

2-4 years

5-9 years

10 or more

**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

**Gender:**

Female

Male

Non-binary/Third gender

Prefer not to respond

Prefer to self-describe:

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

**Section III. CityLeaders Personal Statement**In **No More than 750 words,** what will you bring to the CityLeaders Experience? (Current roles & responsibilities, strengths, opportunities for growth; and what you hope to accomplish/why you are interested in a leadership program).

*Type response here.*

**Section IV. Supervisor Accountability Endorsement***This section is to be* ***completed and signed by*** *Applicant's* ***supervisor*** *or person to whom 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 applicant 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 that the CityLeaders program is NOT able to provide a stipend to cover registration to the annual CityMatCH conference.

3. I will support the applicant’s use of newly learned/developed knowledge, skills, attitudes, and competencies in their work, including the use of their Individual Leadership Action Plan.

**Supervisor's Name:**

**Supervisor's Title:**

**Organization Name (if different from Applicant's place of employment):**

**Supervisor's E-mail:**

**Supervisor’s Telephone Number:**
**Signature:** *Electronically signed by*

**Date:**

**Section V. CityLeaders Commitment to Responsibilities***CityLeaders must commit the time and effort required to participate in the 2021 Virtual CityMatCH Leadership and MCH Epidemiology 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:**1. Attend "Introduction to CityLeaders" 90-minute conference call on Wednesday, November 10, 2021 from 1:00 - 2:30 p.m. CT.

**B. Conference:**1. Attend all virtual conference sessions designated for CityLeaders. (2021 Virtual CityMatCH Leadership and MCH Epidemiology Conference scheduled for December 8-10th, 2021)

2. Attend the post-conference virtual CityLeaders training, December 10 from 1:00-3:00 p.m. CT.

3. I understand that the CityLeaders program is NOT able to provide a stipend to cover registration to the 2021 Virtual CityMatCH Leadership and MCH Epidemiology Conference.

**C. Mentor:**1. I will meet with my designated 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.

**Section VI Signature:**

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 a 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.*

**Signature:** *Electronically signed by*

**Date:**

***Thank you for your application!***

***CityMatCH Staff will notify applicants of their Application Status on or before November 5, 2021.***