DEADLINE: Due by Friday, July 6, 2012

Leaders Circles

Collaborative learning networks for nonprofit leaders

APPLICATION

Your Name:_____ Current Position:_____

Organization Name:_____

Mailing Address:_____

Work Phone:_____ Fax:_____ E-Mail:_____

Cell /Other Phone:_____ Years in current position:_____ Years experience w/nonprofits:_____

Staff Size:_____ Annual Budget Size:_____ Current CNM member? ☐ Yes ☐ No

Mission of your organization:_____

_____

Areas of service: (check all that apply)

☐ Animal Welfare ☐ Civic ☐ Environmental ☐ Social Service ☐ Health

☐ Art/Culture/Humanities ☐ Educational ☐ Religious ☐ Youth Development ☐ Housing

☐ Other_____

Which Circle are you interested in joining?

☐ Executive Director Circle ☐ Development Director Circle

Please mark any days that generally work best for you to be out of the office in the morning from 9 to 11:30am?

☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Which Orientation would you like to attend? ☐ Mon. June 25 11:30-12:30 ☐ Wed. June 27th, 9-10am

What three goals would you like to achieve through your participation in a Leaders Circle this year?

1) _____ 2) _____ 3) _____

Please check correct tuition rate:

Agency Annual Operating Budget	*Tuition for New Applicant:*	*Renewal Rate (Current Participants)*
$75,000 - $500,000	☐ $350	☐ $300
Over $500,000	☐ $375	☐ $325

If you are paying by check, please make the check payable to:

Center for Nonprofit Management, 2902 Floyd Street, Dallas, TX 75204

If you are paying by credit card, please complete the credit card information below:

Card Type (check one) ☐ Visa ☐ MasterCard ☐ Other: _____

Name on Card: _____

Card Number: _____

Exp. Date: _____

Center for Nonprofit Management™
strengthen | lead | innovate

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COACHING CONTRACT FOR GROUP MEMBERS AND FACILITATOR

By signing this contract, I agree to:

1. Make every effort to attend all Circle sessions. I understand that I have input, along with the rest of the Circle members, in the early part of the program to set the long-term schedule for sessions in the program so that I will have the full schedule for all sessions in advance of their occurrence. *I further understand that if I miss three Circle sessions I may be removed from the Circle and ineligible for a refund*.

2. Follow my Circle's ground rules, including that of *complete* confidentiality. I will never share information about any member of my group unless that member has expressed (in writing) that I do so.

3. Make myself available to my fellow Circle members as much as possible, to support their progress between sessions.

4. Attend to helping my fellow Circle members through coaching in group meetings.

5. Being coached by fellow group members and the facilitator in group meetings.

6. Conform to the standards of conduct for peer coaching group members.

7. Share information and materials with fellow Circle members, as much as I can and as is confidentially appropriate, including for example, strategic plans, job descriptions, proposals, policies, etc.

If an emergency prevents me from attending a Circle session:

I will make every effort to contact the facilitator, or program director, before the Circle meeting so that the facilitator or member can communicate reasons for my absence to the rest of the Circle members.

Circle Member's Signature: _____

Date: _____

Return Application & Signed Coaching Contract to:

Attn: Sally Lutz
Center for Nonprofit Management
2902 Floyd Street, Dallas TX 75204
E-mail: Lutz@cnmdallas.org
Fax: 214-821-3845