



Participant Application

Name

Date

Preferred mailing address, city, state, zip code

Preferred daytime phone

Email

School and year of graduation

Employer name

Employer address

Have you previously applied for the *Power of Ten* program?

Yes

No

Current Employment Type

SA

LA

Mixed

Post-grad Program: _____

Other: _____

Written Portion

In a separate attachment, please address the following questions; take as much space as you need to paint a complete picture for the evaluators to consider.

- Perspective** - Express why you're interested in participating (e.g. what life experiences or unique perspectives might you bring to the group, what examples can you give from your past experiences that would bring depth and diversity to this group. Willingness to be vulnerable in a group of your peers will lead to a richer Power of Ten experience).
- Goals** - What goals do you hope to achieve through participating?
- Activities** - List organizations, clubs and/or committees in which you have actively participated or held office (including veterinary school).
- Mentorship** - Discuss what you are seeking in terms of additional mentorship, and what types of relationships you hope to develop throughout the Power of 10 Program.

Resume/CV

Please submit a copy of your resume or CV along with your application.

Application continued on reverse...

Program Commitment

Please acknowledge each box below by marking it with a checkmark or "x"

- I understand that if selected to join a *Power of Ten* class, participation requires a Premium or Core membership in CVMA.
- I have reviewed the curriculum for the coming year and I understand that my attendance is expected at each event and is required without exception at the Skills Lab, October 5-7, 2018.
- I understand that my participation in *Power of Ten* requires an investment of time throughout the year that includes several work days. I have reviewed this time commitment with my employer and they have agreed to support my participation in the program.

Applicant Signature

Date

Employer Affirmation – *To be signed by your employer*

- I fully support the enrollment of the above named applicant and commit to supporting their leadership development during the year. I understand that several learning opportunities will take place on work days.

Employer Signature

Date

This program is intended for veterinarians who graduated within the last seven years; other candidates may be considered based on their level of interest. Enrollment is limited to 10 CVMA members per year.

Send your completed application to CVMA by May 18, 2018:

MAIL: Colorado Veterinary Medical Association, 191 Yuma Street, Denver, CO 80223

FAX: 303.318.0450 fax

EMAIL: KaraBasinger@colovma.org

Thank you for your interest in the CVMA *Power of Ten* Leadership Academy!

Questions? Call CVMA at 303.318.0447.