



Chief Probation Officers of California Foundation SUPERVISORS LEADERSHIP ACADEMY

Application

DUE: Friday, December 8th, 2017

Hosted by: ***Riverside County Probation Agency***

Academy Dates:

Session 1	February 7-8, 2018
Session 2	March 7-8, 2018
Session 3	April 25-26, 2018
Session 4	May 16-17, 2018
Session 5	June 13-14, 2018
Session 6	July 18-19, 2018

❖ Attendees must attend all six sessions.

STC Certified for 96 hours

Welcome to Supervisors Leadership Academy 2017-18! This application is the first step in the process of attending one of the highlighted trainings in leadership and evidence-based practice. If you have any questions about the application or the training, please let us know.

Please note: Supervisors and their Supervisees will not both be permitted to attend the same academy.

Name: _____

Title: _____

Current Assignment: _____

Department: _____

Work Address: _____

Phone Number: _____

E-Mail Address: _____

Length of time employed in community corrections: _____

Length of time employed by probation: _____

Length of time in current position: _____

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1. Previous management/leadership/lead worker positions (indicate title, assignment, and length of time in position): *(Attach an additional sheet, if needed)*

2. Highest level of education attained: *(check one)*

- High School (GED)
- Associate of Arts Degree
- Bachelor's Degree
- Master's Degree
- Post-Graduate Certificate
- Doctorate
- Professional Degree (e.g. M.D., J.D., etc.)

3. Previous management, supervision and/or leadership training and development activities completed: *(Attach an additional sheet, if needed)*

4. Do you now or have you ever directly supervised staff? If so, how many?

5. Have you taken the Supervisor Core training? (Please check) YES NO
If YES, when: _____

6. Have you taken a Real Colors course? (Please check) YES NO

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7. ESSAY:

Please attach a brief essay in which you describe your expectations of the Supervisors Leadership Academy and how it can help you develop in your leadership role. The essay need be no longer than a paragraph or two, but should clearly state what you hope to gain from the experience, and the benefits you and your department would receive from your participation in the Leadership Academy, if you are selected.

APPLICANT COMMITMENT:

If selected to participate in the Supervisors Leadership Academy, I agree to attend all classes and complete all Academy assignments and requirements.

Signature

Date

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IMMEDIATE SUPERVISOR ENDORSEMENT

Tuition: \$950.00 per person

Supervisor's Name: _____

Title: _____

Address: _____

Phone: _____

E-Mail: _____

This applicant, _____ has my full support and
(Name)
endorsement for participation in the Supervisors Leadership Academy. I understand that there will be post-session assignments that the trainee will need to complete, and that each of these assignments will take approximately 2 hours.

This applicant is neither the supervisor nor the supervisee of any other staff person applying to attend this training.

Immediate Supervisor's Signature _____
Date

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NOTE: Please Email application to Ronesh Mistry by
Friday, December 8th, 2017:

Ronesh Mistry

Email: Ronesh@c poc.org

Phone: 916-447-2762

Payment Mailing Address:

CPOC Foundation
1415 L Street, Suite 1000
Sacramento, CA 95814