



CHIEF PROBATION OFFICERS

OF CALIFORNIA

SUPERVISORS LEADERSHIP ACADEMY – STANISLAUS 2019

APPLICATION – Due June 28, 2019

Academy Dates:

Session 1	August 7-8, 2019
Session 2	September 11-12, 2019
Session 3	October 9-10, 2019
Session 4	November 13-14, 2019
Session 5	December 11-12, 2019
Session 6	January 8-9, 2020

Attendees must attend all six sessions.

STC Certified for 96 hours

Welcome to Supervisors Leadership Academy 2019! 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:	

1. Do you supervise any staff in your current position? (Please check) YES NO

If YES, how many staff do you currently supervise? _____

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

3. 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.)

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

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

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

SUPERVISORS LEADERSHIP ACADEMY – STANISLAUS

IMMEDIATE SUPERVISOR ENDORSEMENT

Tuition: \$950.00 per person

Application Due ***Friday, June 28th, 2019***

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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Application:

Please email application to Amie Hodge Email: amie@cpoc.org

Phone: 916-447-2762

Payment Information:

Make check payable to "CPOC Foundation"

Mailing Address: CPOC Foundation, 1415 L Street, Suite 1000, Sacramento, CA 95814

To pay by credit card, email whitnee@cpoc.org for an invoice