707 East Main Street, Suite 1350 • Richmond, VA 23219 • **www.vhcf.org**
Phone: (804) 828-5804 • Fax: (804) 828-4370 • email: info@vhcf.org

***Leading for the Long Term***

**Application Information**

**Application Deadline**

**Applications must be received by 5:00PM, March 1, 2017. Early applications are encouraged.**

**Instructions**

To apply for Leading for the Long Term, complete this application electronically and email it to info@vhcf.org. The signed Applicant Certification may be scanned and emailed to the address listed above**.**

All information is considered confidential and will not be shared outside the selection committee. Program participants will be selected by March 14, 2017.

If you have any questions about the application, please call Cat Hulburt at (804) 828-5804, or e-mail *cat@vhcf.org*.

**Personal and Professional Information**

***Please also include an updated resume as an attachment to this application.***

**Name** \_\_\_\_\_\_

**Position/Title**

**Organization**

**Address**

**City** **State** **Zip Code**

**Phone** **Mobile**

**Fax** **E-mail** \_\_ \_\_\_\_ \_

**Professional Affiliations, Memberships, Honors (*not included on attached resume*) that are relevant to *Leading for the Long Term*:**

**Organizational Information**

**Type of organization (*check one*): Free Clinic**  **Community Health Center**

**Hospital**\_\_\_\_\_\_ **Other Health Safety Net Organization**\_\_\_\_\_\_

**Organization’s Web site**

**Years in current job**

**Years in health field** \_\_\_\_\_\_\_\_\_

**Years in health safety net field** \_\_\_\_\_\_\_\_\_\_\_

**Total # staff in organization**

**# staff you supervise**

**# of volunteers in organization**

**# of volunteers you supervise**\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**Does your Organization have a strategic plan?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization’s budget for FY17 or CY17 $**

**Organization’s geographic service area (*be specific*):**

**Essay Questions**

1. **What attracted you to your current position?**
2. **What are your professional goals for the next five years?**
3. **Why are you interested in participating in *Leading for the Long Term*?**
4. **What outcomes do you hope to achieve for yourself, your organization and
your community by participating in *Leading for the Long Term*?**
5. **Describe one of the greatest successes of your career and your role in it.**
6. **Describe a situation in which you, as a leader, did not succeed, the reasons you were unsuccessful, and any lessons learned from the experience.**
7. **Describe three lessons in leadership you have learned in your professional or civic life. These may have been learned through successes or failures.**
8. **In your experience, what is the difference between managing and leading?**
9. **In a couple of paragraphs, please describe what you consider to be the biggest challenges facing Virginia’s health care safety net today.**
10. **What are the biggest challenges facing your organization today?**
11. **What is the most significant challenge that you are currently facing?**

**Additional Required Attachments**

* Up-to-date resume
* Up-to-date copy of the organizational chart for your organization that shows your position.

**Applicant Certification**

I understand that submission of my application for *Leading for the Long Term* requires that I have the consent and support of my organization’s leadership (Board of Directors or CEO, as applicable) to participate in all components of the program.

I certify that the answers supplied in this application are original, complete and true to the best of my knowledge. I authorize verification of all statements as related to the selection process. If selected for participation in the program, I agree to:

* Attend and actively participate in all sessions, including meals;
* Have the support of my organization’s leadership;
* Fully engage in all aspects of the program;
* Participate in follow-up evaluation of the program; and
* Affiliate with the program through follow-up network activities, as relevant to my work.

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*Signature of Applicant Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Print Name of Applicant*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Supervisor (Board Chair or CEO) Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Print Name of Supervisor*

***Leading for the Long Term***

**Resolution of Board of Directors**

Whereas, the Virginia Health Care Foundation (*VHCF*) has issued an invitation to executive directors in Virginia’s health safety net organizations to apply for *Leading for the Long Term*, a special leadership development initiative; and

Whereas, VHCF has developed *Leading for the Long Term* in cooperation with the Virginia Association of Free and Charitable Clinics, the Virginia Community Health Care Association, and the Virginia Hospital & Healthcare Association; and

Whereas, application to *Leading for the Long Term* is a competitive process and not all who apply may be selected this year; and

Whereas, the Board of Directors of **[ORGANIZATION NAME]** recognizes that, through participation in *Leading for the Long Term*, our executive director will have the opportunity to develop critical leadership skills (*e.g.:* *negotiation, creative problem solving, strategic risk-taking and decision-making, and conflict resolution*); learn from knowledgeable presenters who will speak specifically in relation to the health safety net; be offered individualized leadership coaching on issues specifically identified to move our organization forward; and work with peers to address a wide range of issues through group problem-solving and case studies; and

Whereas, participation in *Leading for the Long Term* will require our executive director’s absence on eight occasions from April 2017 through October 2017, a fee of $300, and coverage of travel expenses (mileage, etc.); and

Whereas, we understand that attendance is required at all sessions and, if selected to participate, our executive director will commit to:

* Attendance and active participation in all sessions, including meals;
* Participation in follow-up evaluation of the program;
* Full engagement in all aspects of the program;
* Affiliation with the program through follow-up network activities; and

Whereas, the Board of Directors of **[ORGANIZATION NAME]** sees the value of participation in *Leading for the Long Term* and fully supports the application of our executive director;

Now, therefore, be it resolved that **[NAME OF EXECUTIVE DIRECTOR]**, our executive director, is authorized to apply to and participate in *Leading for the Long Term*; and

Be it further resolved that, if our Executive Director is selected for participation, at least one member of our Board of Directors will attend the graduation ceremony on October 19, 2017.

Resolution unanimously passed by the Board of Directors of **[ORGANIZATION NAME]** on **[DATE]**.

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Board Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name