



# Okaloosa County Board of County Commissioners

Human Resources & Risk Management Department

## Okaloosa County Leadership Institute Application

**Step 1:** Complete the following application for the Leadership Institute Program.

**Step 2:** Attach a letter of recommendation from your supervisor to the completed application.

**Step 3:** Return the completed 2-page application and letter by email to [bautry@myokaloosa.com](mailto:bautry@myokaloosa.com) or to the Human Resources office no later than Wednesday, June 24, 2026.

**The sessions will be held at various County facilities.** Sessions will begin at 8:30 AM and be approximately two (2) hours long.

**Participants must be able to attend the first session and commit to attending at least four (4) of the five (5) classes overall.**

The classes are scheduled for the following dates:

Session 1 – Thursday, August 13<sup>th</sup> 8:30-10:30 AM  
Okaloosa County Sheila Dunning Extension Building, 1954 Lewis Turner Blvd., FWB., FL 32547

Session 2 – Thursday, August 27<sup>th</sup> 8:30-11:00 AM  
Okaloosa County Administration Building, 1250 Eglin Pkwy N, Shalimar, FL 32579

Session 3 – Thursday, September 17<sup>th</sup> 8:30-10:30 AM  
Okaloosa County Sheila Dunning Extension Building, 1954 Lewis Turner Blvd., FWB., FL 32547

Session 4 – Thursday, October 8<sup>th</sup> 8:30-10:30 AM  
Okaloosa County Administration Building, 1250 Eglin Pkwy N, Shalimar, FL 32579

Session 5 – Thursday, November 5<sup>th</sup> 8:30-10:30 AM  
Okaloosa County Emergency Operations Center, 90 E College Blvd, Niceville, FL 32578

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Name: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



State of Florida

# Board of County Commissioners

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## Okaloosa County Leadership Institute Application

**Primary Current Responsibilities:**

**List Significant Education and Training Received:**

**What do you consider to be your most valuable professional skill? Please describe in 3-4 sentences.**

**Why do you want to participate in the Leadership Institute Program? Please describe in 3-4 sentences.**