

**Leadership Griffin/Spalding Class of 2008**  
**Griffin/Spalding Chamber of Commerce**  
**P.O. Box 73, Griffin, GA 30224**  
**(770) 228-8200; (770) 228-8031 – Fax**

Complete only those items that apply to you. Leave others blank.  
Typed applications are preferred.

**I. BASIC INFORMATION**

Name:

\_\_\_\_\_

(Last)	(First)	(Middle)	Name Called
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Present Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Race: \_\_\_\_\_

How long have you lived in Georgia? \_\_\_\_\_ How long in Griffin/Spalding? \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Occupation or Employment: \_\_\_\_\_

**II. PROGRAM PARTICIPANTS**

What do you hope to gain from participating in Leadership Griffin/Spalding?

In your opinion, what are the three most pressing issues facing the Griffin/Spalding Community today?

- 1.
- 2.
- 3.

## **II. COMMUNITY INVOLVEMENT**

Please explain your involvement in three community activities – civic, business, religious, political, government or social in nature. Indicate the name of the organization, your assignment or position, and describe your responsibilities. Lastly, include your role in that organization today, if applicable.

1.

2.

3.

If you have additional significant community involvement, please list this below, including a brief description of your role and achievements.

**III. EMPLOYMENT & PROFESSIONAL AFFILIATIONS**

Please list present employer, title & position

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Which of the following categories best describes your present employer?

Please check only one.

Business & Industry \_\_\_\_\_ Government \_\_\_\_\_ Labor \_\_\_\_\_ Health \_\_\_\_\_  
Religion \_\_\_\_\_ Social Service \_\_\_\_\_ Media \_\_\_\_\_ Agriculture \_\_\_\_\_  
Education \_\_\_\_\_ Banking \_\_\_\_\_ Medical \_\_\_\_\_ Law \_\_\_\_\_  
Other (Name) \_\_\_\_\_ Public Service \_\_\_\_\_

Briefly describe your responsibilities in your employment.

Please indicate how your present occupation relates to your community.

What do you consider your most significant contribution or achievement in your position thus far?

**BUSINESS/PROFESSIONAL AFFILIATIONS**

Name of Group	Position Held – Assignments	Period of Affiliation
_____	_____	_____
_____	_____	_____

**IV. EDUCATIONAL BACKGROUND**

For each of the following, please include degree awarded & year received along with name & location of institution.

High School: \_\_\_\_\_

Undergraduate: \_\_\_\_\_

Advanced degree(s): \_\_\_\_\_

List activities, offices and recognitions:

Significant continuing education experiences:

**V. PROGRAM REQUIREMENTS**

The Leadership program consists of eight sessions; a tentative schedule is attached. **Tuition for the 2007 program is \$200.** This amount is non-refundable and includes meal costs and materials for all programs. One Half of your tuition is due prior to the first session with the balance due before the 5<sup>th</sup> session. We accept Check, Cash, Visa, Mastercard, American Express & Discover.

Attendance is MANDATORY at ALL sessions.

Will you be able to commit to attendance at all programs? Yes \_\_\_\_ No \_\_\_\_ - explain:

Do you have full support of your employer for the time required? Yes \_\_\_\_ No \_\_\_\_ \*

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

\* Employer has open access to all records regarding participation.

Please paperclip original photo to the front of this application or e-mail us a copy.

Please send application to: Griffin/Spalding Chamber of Commerce  
P.O. Box 73, Griffin, GA 30224  
Fax 770-22-8031  
[griffinchamber@cityofgriffin.com](mailto:griffinchamber@cityofgriffin.com)