

Leadership Griffin/Spalding Class of 2010
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

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 2010 program is \$250.** 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 5th 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 send application to: Griffin/Spalding Chamber of Commerce
P.O. Box 73, Griffin, GA 30224
Fax 770-22-8031
griffinchamber@cityofgriffin.com