

II. EMPLOYMENT

Name of Employer _____ Business Phone _____
Employer's Address _____ Zip _____
Occupation and Title _____
Number of Years in Present Position/Occupation _____
Fax _____ Email _____

III. EDUCATION AND SKILLS

Education (Schools/Degrees) _____

IV. ORGANIZATIONS/ACTIVITIES/COMMUNITY INVOLVEMENT

Major volunteer role at this time: Organization _____
_____ Position _____

Describe responsibilities: _____

Please list in order of importance to you – community, civic, professional, business, religious, social, athletic, and other organizations which you have been a member.

ORGANIZATION	DATES OF MEMBERSHIP	OFFICIAL POSITIONS HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____

What have you accomplished in any one or more of these activities that you think is important or has helped you develop and/or express your leadership skills? (Additional space is available on the back page.)

V. LEADERSHIP/MANAGEMENT TRAINING

Please elaborate below on any management or leadership training you have received in the past.

VI. GENERAL

What do you hope to gain, and how do you expect to utilize your LEADERSHIP FLAGLER experience?

What are your chief hobbies and recreational activities? _____

Identify briefly what you believe to be the three most important issues and/or opportunities facing our community:

- 1) _____

- 2) _____

- 3) _____

Would you be willing to participate actively in the resolution of the issues and/or opportunities you have identified? If so, which problem(s) and why? (Additional space available on back page.)

VII. TUITION

Tuition for each participant in LEADERSHIP FLAGLER covers all costs. If selected, tuition is due and must be paid in full before the program begins. If special arrangements are necessary to make tuition payment, applicant or sponsor should call The Chamber for further information. Scholarships are available upon request& meeting the eligibility requirements.

VIII. RESUME

Please enclose a resumé. These will be used to develop our information package on the class. The resumé should be brief and be written in the following order:

- NAME
- AGE
- DEGREE OR SKILL
- EXPERIENCE
- PRESENT JOB DESCRIPTION

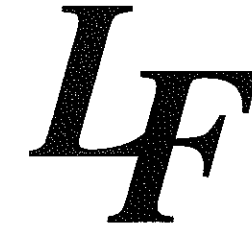
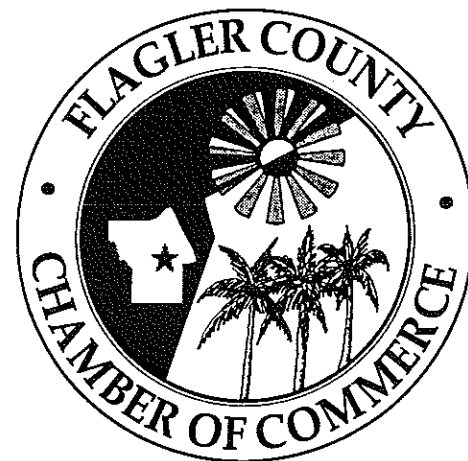
I understand the purpose of the LEADERSHIP FLAGLER program, and if I am selected as a participant, I will devote the time required and forward my tuition before the program begins or make special arrangements.

_____ Date

_____ Signature

MAIL TO: FLAGLER COUNTY CHAMBER OF COMMERCE
20 Airport Road, Suite C
Palm Coast, FL 32164

(Additional space)



LEADERSHIP FLAGLER
A Program of
The Flagler County Chamber of Commerce

C O N F I D E N T I A L A P P L I C A T I O N
(PLEASE TYPE OR PRINT LEGIBLY)

Name _____ (Last) _____ (First) _____ (Middle) Home Phone _____

Home Address _____ Zip _____

Nickname _____ Age _____ Sex _____ Race _____

Number of years as resident of the Flagler County Area _____

How did you hear about Leadership Flagler? _____

I. PARTICIPATION

To graduate from LEADERSHIP FLAGLER a participant is required to attend:

- At least 80% of the class sessions
- Simulated Society (SIMSOC)
- Ropes Course