

Leadership

S U L P H U R S P R I N G S

Application

Name _____
Last First Middle Name Called

Home Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth ___/___/___ Yrs. Resided in Hopkins Co. ___ Yrs. Employed in Hopkins Co. ___

Employer _____ Date Began _____

Business Address _____

Type of Business _____

Present Title or Position _____

Describe Position and Responsibilities _____

Past Employment

Employer	Title	Period of Service
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Business/Professional Organizations and Activities

Group	Position Held	Period of Service
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Business/Professional Awards and Honors (Date)

Community/Civic Organizations and Activities

Group	Position Held	Period of Service
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

Community/Civic Awards and Honors (Date)

Please list a recent volunteer role that typifies your leadership and involvement (organization, position, responsibilities).

High School Attended _____
Name City/State Yr. Grad.

Activities, Offices, Awards _____

College(s) Attended _____
Name City/State Degree

Activities, Offices, Awards _____

Post Graduate Education (Please list degrees, awards) _____

What do you hope to gain from your participation in LEADERSHIP SULPHUR SPRINGS? _____

How will you use the information you gain from Leadership Sulphur Springs? _____

In your judgment, what are the three most pressing problems facing Sulphur Springs today and in the future? (Use additional paper if needed, but please be as concise as possible.)

Problem	Solution
1) _____ _____	_____ _____
2) _____ _____	_____ _____
3) _____ _____	_____ _____

Participation in LEADERSHIP SULPHUR SPRINGS will require one full workday each month. Do you have the full support of your employer for the time required to participate effectively? _____

Name of Supervisor _____

Address of Supervisor _____ Phone _____

I became interested in Leadership Sulphur Springs through _____

It is my understanding that Leadership Sulphur Springs is to be a learning experience and requires attendance at its monthly meetings over a nine-month period. I also understand that the Leadership Sulphur Springs Executive Board has determined that any participant who misses two (2) sessions will be permitted to participate in the remaining sessions but will not be permitted to graduate.

Applicant Signature Date

Supervisor's Signature Date

COST PER PARTICIPANT: \$500.00

Invoice to be provided upon request.

A complete application will consist of the following:

1. Application
2. Two letters of recommendation (Applicants are responsible for seeing that these are received at the Chamber office by the deadline.)

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED