



Leadership Lawrence County Application

Please scan and email to lawrencecofc@suddenlinkmail.com or fax to 886-1736 or drop off at the Lawrence County Chamber of Commerce.

Personal Information (Please type or print.)

Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ Do you text? _____ E-Mail _____

How would you prefer us to communicate with you? _____

Business Firm _____

Business Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Your title and name of firm (as you want it published/broadcast) _____

Your Name (for a Name Tag) _____

Spouse's Name _____

School (college, trade, etc.), dates attended, degrees obtained _____

Employment

Length of service with present business/organization _____

What do you do in your job? _____

Previous Employment

Employer	Title	From/To	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Organizations and Activities

List your membership in community, civic, professional, business, religious, social, athletic and other organizations (in order of their value to you), during the past five (5) years.

Organization	Date	Position Held / Your Contribution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many hours per month are currently committed to community, civic, professional and other organizations and activities? _____

Have you been as active in these organizations as you desire? _____

If you have not had the time or interest to become actively involved, what conditions have changed that now enable you to seek involvement in the community? _____

If you were to become interested in a particular organization or activity, how much time per month could you commit to its success? _____

What do you hope to gain from your involvement in LEADERSHIP LAWRENCE COUNTY?

In your judgment, what are three pressing problems facing your/our community today? Give any recommendations for approaching and/or resolving these problems. (Use additional paper if necessary.)

A.

B.

C.

Are you a registered voter in this county? _____

Name two (2) persons in this community whom the selection committee could contact for additional information about you.

Name _____ Title _____
Business
Address _____ Phone _____

Name _____ Title _____
Business
Address _____ Phone _____

COMMITMENT

I have read and understand when LEADERSHIP LAWRENCE COUNTY sessions will be held beginning in September. I hereby agree, barring emergencies, to attend every session at its appointed time. I understand that poor attendance may result in my dismissal from further participation in the program upon Steering Committee decision.

Signature of Applicant _____ Date _____

Nominees for the LEADERSHIP LAWRENCE COUNTY program must have the support and commitment of their employers or organization. The signature of the employer is necessary as an indication of support of the nominee's participation in LEADERSHIP LAWRENCE COUNTY.

Signature of Employer _____ Title _____