



COMMUNITY CHAMBER OF COMMERCE APPLICATION INSTRUCTIONS & SELECTION CRITERIA

Type or print in ink. **Please complete each section fully.** Limit answers to the space available. Application must be signed by both applicant and employer/sponsor.

Participation in LEADERSHIP FLOYD COUNTY is a competitive process open to persons living in Floyd County. Applicants must have been living or working in the area for one year and have the full support of the organization or corporation they represent. Participants will be chosen by the LEADERSHIP FLOYD COUNTY Selection Committee **based on the information on this application.** The Committee will be seeking representation from across the county with various interests, including: business, education, economic development, the arts, the environment, government, and community-based organizations.

I. PERSONAL DATA

DATE _____

Name _____
Last First Middle

Date of Birth _____ Place of Birth _____

*Age _____ *Male _____ *Female _____ *Race _____

First Name or Nickname Preferred for name tag _____

Company / Organization Name _____

Business Address _____

Home Phone _____ Business Phone _____ Fax _____

Email Address _____ County of Residence _____

Any Special Food Requirements? _____

*This information will assure class diversity.

II. EDUCATION

A. Name and Location of School Dates Degree Major

B. Special Awards or Leadership Positions Held During the School Years:

III. EMPLOYMENT

Present Employer

Type of Organization

Title

KY 3 Since

A. Briefly describe your responsibilities in your employment

KY 80

US 23

B. List previous employment in reverse chronological order:

Employer

Title/ Responsibility

From

To

MOUNTAIN
PARKWAY

C. What do you consider your highest career achievement to date?

D. Business / Professional Affiliations (if any):

Name of Group

Positions Held or Assignments

Period of Affiliations

IV. COMMUNITY INVOLVEMENT

A. Include state, community, civic, religious, political, government, social, athletic or other activities. Indicate your major role in the organization at this time:

Organization _____ Position _____

Describe Responsibilities

B. What do you consider your most important accomplishments in one of the above organizations? Why?

C. How much time each month do you commit to volunteer work?

D. What kind of volunteer activities would you like to become active with in the future?

E. 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 region?

GENERAL INFORMATION

One of the goals of LEADERSHIP FLOYD COUNTY is to build a network of community leaders.

On a separate sheet of paper answer the following questions:

A. What specific skills/knowledge do you hope to gain from your participation in Leadership Floyd County?

B. Issues

C. Responsibilities

VI. BIOGRAPHICAL INFORMATION

In the space provided below, please write a brief bio for distribution to the class.

VII. REFERENCES

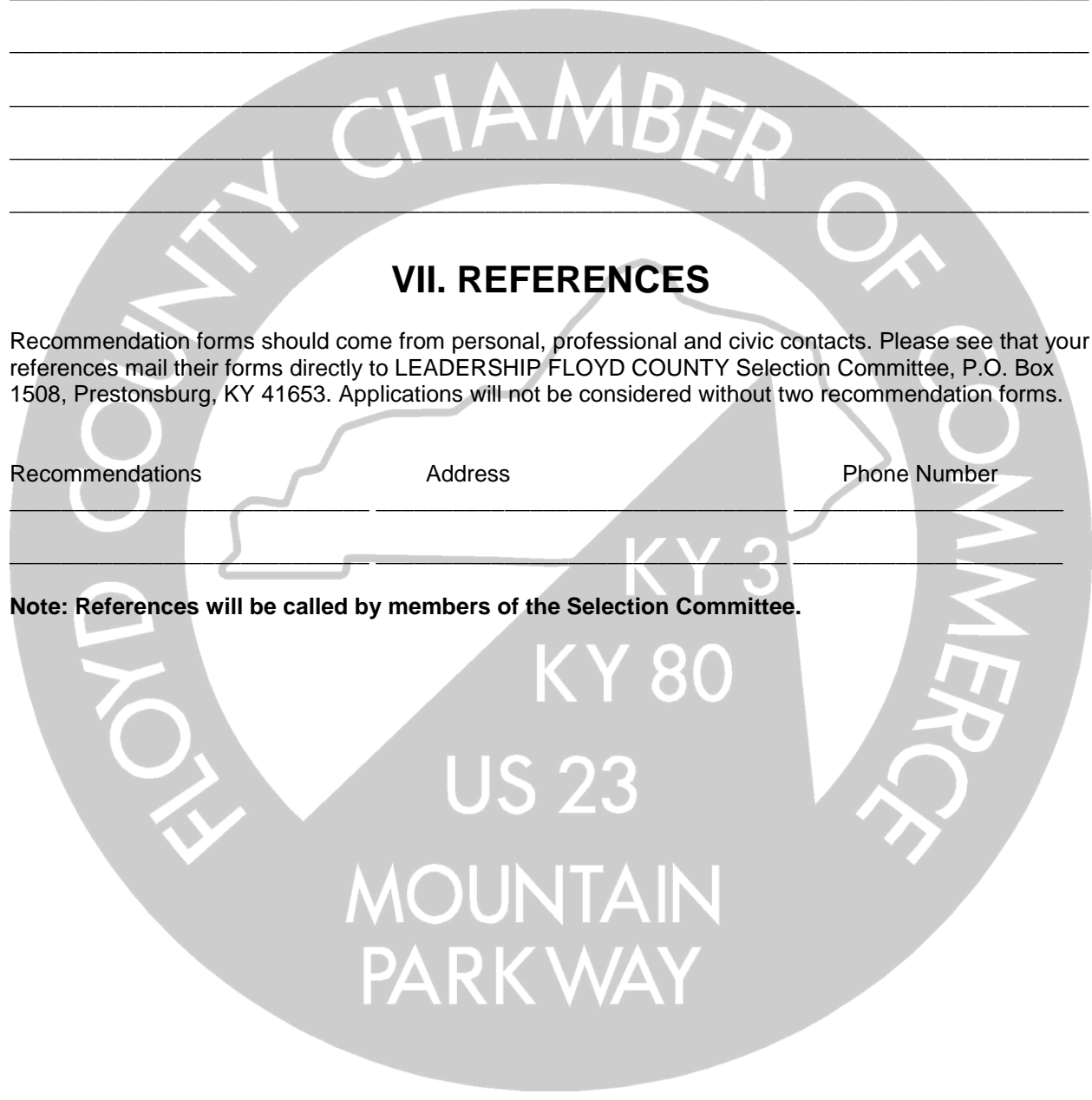
Recommendation forms should come from personal, professional and civic contacts. Please see that your references mail their forms directly to LEADERSHIP FLOYD COUNTY Selection Committee, P.O. Box 1508, Prestonsburg, KY 41653. Applications will not be considered without two recommendation forms.

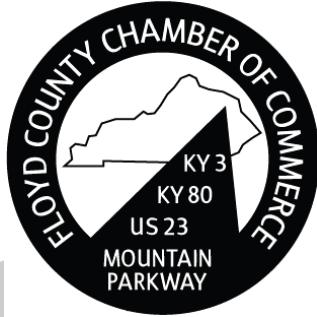
Recommendations

Address

Phone Number

Note: References will be called by members of the Selection Committee.





VIII. EMPLOYER / SPONSOR COMMITMENT

If accepted into the Leadership Floyd County Program, you will be billed for the tuition fee of \$300.00 which covers all program costs, excluding lodging and transportation to and from session sites. Tuition fee is not refundable.

EMPLOYER COMMITMENT

This applicant has the approval of this organization and our full support which includes the time required to participate in this program.

Firm

Signature Title

IX. COMMITMENT

(To graduate from Leadership Floyd County, a participant is expected to attend all sessions.)

I understand the purpose of the Leadership Floyd County program and if I am selected I will devote the time and resources necessary to complete the program. (The opening session is mandatory no exception will be made). Even though emergencies do arise, any participant missing more than one of the remaining sessions, for whatever reason, may be asked to withdraw from the program and no portion of the tuition shall be refunded. Arriving more than one hour late or leaving more than one hour early will be considered an absence. I understand the above commitments and agree to be bound by them in signing this application.

Applicant Signature

Date

APPLICATION SHOULD BE MAILED TO:

LEADERSHIP FLOYD COUNTY, PO Box 1508, Prestonsburg, KY 41653

Phone (606) 886-0364

Email: floydchamber@setel.com

RECOMMENDATION FORM

Potential candidates for Leadership Floyd County must submit two recommendation forms. The Committee will be seeking representation from a cross-section of the area. These leaders and potential leaders will be active in business, education, the arts, religion, government, and community-based organizations, and environmental concerns.

Candidates name _____

In what way has the candidate exhibited their ability to serve?

How does this demonstrate leadership?

What particular strengths will the candidate bring to the class perspective?

What could the candidate gain from participation?

Person making the recommendation _____

Title _____ Phone _____

NOTE: A follow-up call may be made to each reference from a member of the Selection Committee.
Return Form To: LEADERSHIP FLOYD COUNTY, PO Box 1508, Prestonsburg, KY 41653
Phone (606) 886-0364, Fax (606) 889-8284, floydchamber@setel.com

Failure to return this recommendation form by the deadline may result in the candidate not being selected for this year's class.