



**Leadership Northeast Polk**  
**Confidential Application –**  
**Class X**  
(Please Type or Print Clearly)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Preferred Name for Leadership Badge \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Number of Years in the Northeast Polk County Area \_\_\_\_\_

Other Places in Which You Have Lived \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Name/s of Children and Ages \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Position/Job Title \_\_\_\_\_

State Briefly What Your Duties Include \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past Employers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Awards and Honors \_\_\_\_\_

\_\_\_\_\_

Special Interests and Hobbies \_\_\_\_\_

\_\_\_\_\_

Community, Civic, Professional and Other Organizations That You Are or Have Been  
Involved In (Please include any positions held) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Briefly a Personal or Professional Accomplishment You Are Proud of and Why

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you or your employer a member of the Northeast Polk Chamber of Commerce?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Permission to Participate (If Applicable)

I approve the participation of \_\_\_\_\_ in the Leadership Northeast Polk program. The applicant has approval and full support of this organization including the time required to successfully complete the program. I agree to pay \$\_\_\_\_\_ of the Leadership Northeast Polk tuition for the above applicant if accepted. I understand the tuition is non-refundable and non-transferable. (For applicants who answer directly to a Board of Directors, such as Executive Director of a non-profit organization, please have the Board President or Chair sign.)

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Application Agreement

\_\_\_\_\_ I will attend the mandatory opening retreat, two-day Tallahassee trip and the closing retreat/graduation ceremony.

\_\_\_\_\_ I will attend a minimum of six of the seven leadership days.

\_\_\_\_\_ I understand the \$1,200 (or \$1,500 non-member) non-refundable (all-inclusive) tuition is due January 17, 2020, and that I am personally responsible for the full tuition or any portion of the tuition not paid by my employer.

By signing this application, I agree to be bound by this Commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applications due to the Chamber no later than Monday, November 25th.**