



APPLICATION FOR LEADERSHIP WORTH 2019

Leadership Worth is a community-based leadership program designed for current and emerging leaders. It is a curriculum and experiential-based program, and the suggested age for participation is 22 years and older.

BASIC INFORMATION:

Name: _____

Employer: _____

Job Title: _____

Business Address: _____ Business Phone: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ County: _____

E-mail Address: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ Male/Female: _____ Race: _____

How long have you lived in Worth County? Total years: _____ Shirt Size: _____

Do you have any special Dietary Needs or Restrictions?

PROGRAM PARTICIPANTS:

Please complete a paragraph outlining why you wish to participate in the Leadership Worth program? (Attach additional sheet if needed)

In your opinion, what are the three (3) most pressing issues facing Worth County today? WHY?
(Attached additional sheet if needed)

- 1)
- 2)
- 3)



COMMUNITY INVOLVEMENT

Please explain your involvement in three (3) community activities – civic, business, religious, government or social in nature. Indicate the name of the organization, your assignment or position, and describe your responsibilities. Lastly, include your role in the organization today, if applicable.

1) Organization: _____

Assignment: _____ Year(s) involved: ____

Describe Responsibilities:

2) Organization: _____

Assignment: _____ Year(s) involved: ____

Describe Responsibilities:

3) Organization: _____

Assignment: _____ Year(s) involved: ____

Describe Responsibilities:



EMPLOYMENT RECORD:

Employer	Phone No.	Title	Period of Service

EMPLOYMENT AND PROFESSIONAL AFFILIATIONS

1) Which of the following categories best describes your present occupation? Please mark only one.

Business & Industry		Social Service		Media	
Religion		Labor		Chamber of Commerce	
Education		Banking		Public Service	
Law		Agriculture		Other (Name)	
Government		Health			

2) Briefly describe your responsibilities in your current position.

3) What do you consider your most significant contribution in your current position?

EDUCATIONAL BACKGROUND

For each of the following, please include degree awarded and year received, along with the name and location of the institution.

High School: _____

Undergraduate: _____

Advanced degree(s): _____

List activities, offices, recognitions: _____

Significant continuing education experiences: _____



COMMITMENT

ATTENDANCE REQUIREMENTS: Regular attendance at classes and events is essential for the successful completion of the Leadership Worth Program. Accordingly, the following attendance requirements will be enforced by the Board:

- a. Attendance at the first program is mandatory.
- b. No more than one class absence (barring extraordinary circumstances) is allowed.
- c. Attendance at all monthly class meetings is expected, including participation in any field trip or community projects.
- d. In exceptional circumstances, the Committee may, by a majority vote, allow a student who has not fulfilled all attendance expectations to graduate.
- e. A student not allowed to graduate with his/her class may attend the missed classes during the following year and upon completion of these classes, the student will graduate.
- f. Exceptions:
Absence from a mandatory event or more than one (1) class, or failure to participate in any field trips or community projects, will be excused only in cases when such absence or failure was necessitated by a significant unavoidable, and unexpected circumstance such as, but not limited to, illness, serious family emergency or military deployment.

COMMUNITY PROJECT: In addition to the sessions, you will be required to complete a class community project and/or community service work. Project suggestions will be given to the class at the January session.

LETTER OF RECOMMENDATION: Please submit with this application one (1) letter of recommendation.

TUITION: Tuition fees shall be at such a rate as may be from time to time established by the Board. Any applicant selected shall become a participant upon payment of tuition as prescribed by the Board. Tuition may be returned to a participant who notifies the Board, in writing 10 days before the start of classes, of their inability to participate. Tuition refunds are otherwise nonrefundable. Tuition is due in full before the date of orientation. Please indicate your payment arrangements:

Tuition will be paid by: Self Employer Other (specify)

Will you be able to commit to attendance at all programs? Yes No

Do you have full support of your employer for the time required to participate? Yes No

Signature: _____ Date: _____

Employer's Signature: _____ Date: _____

ORIGINAL APPLICATION SHOULD BE SENT TO:

Sylvester-Worth County Chamber of Commerce
c/o Leadership Worth
P.O. Box 768
Sylvester, GA 31791