



F L O R I D A ' S
Putnam County
CHAMBER OF COMMERCE

LEADERSHIP PUTNAM

CONFIDENTIAL APPLICATION

Leadership Putnam mission is to develop an informed, diverse network of community leaders with a shared commitment to uniting our communities by providing ongoing leadership to make Putnam County a better place to live and work.

Name _____ Preferred Email _____
Home Address _____ City _____ Zip _____
Cell Phone _____ Age _____ Birthday (month/day) ____/____
Employer Name _____ Job Title _____
Employer Address _____ City _____ Zip _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Relationship _____ Phone _____

EMPLOYMENT HISTORY: Please Account for the last three years of employment.

Employer	Title or Responsibility	From – To	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ORGANIZATIONS AND ACTIVITIES: Please list, in order of importance to you, community, civic, professional, religious, social, athletic or other organizations of which you are or have been a member. *(attach additional sheet if necessary)*

Organization	Approximate Dates of Membership	Positions
_____	_____	_____
_____	_____	_____

COMMUNITY INVOLVEMENT: How do you intend to stay involved in community activities? (Examples: Chamber of Commerce, elected public office, appointments, Board of Directors, Service Clubs, etc.)

List any extra-curricular activities and special honors received.

REFERENCES: Please list two individuals who are knowledgeable about your leadership performance and potential. You may submit one letter of recommendation.

ATTENDANCE: To graduate from Leadership Putnam, participants are expected to attend all sessions. Participants who miss more than two sessions will be dropped from the program without a refund of tuition. SIMSOC attendance is mandatory. I understand the goals and commitments of the Leadership Putnam program. If selected I will devote the required time and pay my tuition prior to the opening orientation.

EMPLOYER ACKNOWLEDGEMENT: This candidate has my full support to participate in Leadership Putnam. I am aware of the time commitment involved in his/her effective participation.

Signature of Employer

Corporation / Organization

Signature of Applicant

Date

TUITION:

The cost for participant is \$675 Make check payable to the Putnam County Chamber of Commerce

Tuition will be paid by: Company _____ or Self _____

I understand that Leadership Putnam is a four month commitment. Yes_____ No_____

Shirt Size_____

Please return payment to

Putnam County Chamber of Commerce
1100 Reid Street Palatka, FL 32177

laurapavlus@chamberpc.com

Office Use Only

Approved

Notified

Payment In-Full

Payment Date _____

Amount _____

Check # _____
