

ACTIVITY INFORMATION

A. What have you done (anywhere, anytime) that has shown you care about your community that is not job related? _____

B. Major volunteer organization role you have held:

Organization: _____ Position _____ Date: _____

Describe responsibility: _____

C. What have you accomplished in this role that you think is important to the organization?

D. List in order of importance, three civic, professional, business, religious, social, community, athletic or other organization of which you are/or have been a member:

	Organization	Dates of Membership
1.	_____	_____
2.	_____	_____
3.	_____	_____

E. If you have not had time or interest to become actively involved with such organizations, what conditions have changed so you are now able to seek involvement with the community? _____

RECOMMENDATIONS

Personal recommendations (NOT EMPLOYMENT RELATED) List two persons, *other than your spouse or employer*, who are knowledgeable about your leadership performance or potential. **Submit a letter of recommendation from each of the persons below.**

Name: _____ Phone: _____
Organization: _____ Title: _____

Name: _____ Phone: _____
Organization: _____ Title: _____

EMPLOYMENT HISTORY

Three year employment history:

Current position: _____ From: _____ To: _____
Organization Name: _____ Type of Business: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

List previous employers beginning with the most recent (if applicable):

Name	Position Title	From/To

EDUCATION

A. Name/City of Institution	Dates (From/To)	Degree/Diploma

B. Special Awards/Honors

COMMITMENT

Active Participation in the class project is required and is outside of the regular curriculum.

1. Class introduction at the Chamber’s October First Friday meeting. **(mandatory)**
2. Leadership retreat (two-day, overnight event) held the first weekend in October. (Friday/Saturday) **(attendance at retreat is mandatory)**
3. Sessions are every other Wednesday beginning in October and ending in May. Participants will graduate in May. (see attached schedule) **Participants are required to attend sessions in their entirety or credit will not be given for the session.**
4. To graduate from Leadership Bay, a participant cannot be absent for two (2) or more sessions.

Is your company/organization a member of the Bay County Chamber? _____

Will you be able to fulfill this commitment? _____

How did you find out about this program? _____

Leadership Bay Shirt: (please check one)

Men: Small (14-14^{1/2}) __ Medium (15-15^{1/2}) __ Large (16-16^{1/2}) __ XL (17-17^{1/2}) __ XXL (18-18^{1/2})__

Women: Small ____ Medium ____ Large ____ XL ____ XXL ____

**TUITION IS DUE WITHIN TEN (10) WORKING DAYS OF ACCEPTANCE.
SEE COVER LETTER FOR TUITION FEE.**

I understand the goals and the commitments of the Leadership Bay program. If selected, I will devote the required time.

Signature: _____ Date: _____

Sponsor/Employer:

This candidate has my full support to participate in the Leadership Bay program. I am aware of the time commitment involved in his/her effective participation. (Must be signed by the organization's executive officer, if other than the applicant.)

Name: _____ Title: _____

Signature: _____ Organization: _____ Date: _____

Please return application, two letters of recommendation, application fee and any other information requested in the cover letter, by the application deadline to:

BAY COUNTY CHAMBER OF COMMERCE
P.O. BOX 1850
PANAMA CITY, FL 32402
ATTN: LEADERSHIP BAY



(Circle one) Check Visa MasterCard AMEX Discover

Name as it appears on card: _____

Amount \$: _____ Account Number: _____

Exp Date: _____ Signature: _____



EQUAL ACCESS/EQUAL OPPORTUNITY INSTITUTION

THOSE WITH SPECIAL NEEDS WILL BE ACCOMMODATED. PLEASE NOTIFY THE CHAMBER STAFF IF SPECIAL ACCOMMODATIONS ARE NEEDED FOR YOU OR FOR MEMBERS OF YOUR FAMILY.

