

Leadership Griffin/Spalding Class of 2025
Griffin/Spalding Chamber of Commerce
P.O. Box 73, Griffin, GA 30224
(770) 228-8200; (770) 228-8031 – Fax
cjones@cityofgriffin.com

Complete only those items that apply to you. Leave others blank.
Typed applications are preferred.

I. BASIC INFORMATION

Name: _____

(Last)

(First)

(Middle)

Name Called

Employer: _____

Title: _____

Business Address: _____

Business Phone: _____

E-mail: _____

Home Address: _____ Cell: _____

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

How long have you lived in Georgia? _____ Griffin/Spalding? _____

Spouse's Name: _____

Spouse's Occupation or Employment: _____

II. WHY ARE YOU INTERESTED IN LEADERSHIP?

What do you hope to gain from participating in Leadership Griffin/Spalding?

In your opinion, what are the most pressing issues facing the Griffin/Spalding Community today?

III. CURRENT COMMUNITY INVOLVEMENT

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

BUSINESS/PROFESSIONAL AFFILIATIONS

Name of Group	Position Held – Assignments	Period of Affiliation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. EMPLOYMENT & PROFESSIONAL AFFILIATIONS

Please list present employer, title & position

Which of the following categories best describes your present employer?

Please check only one.

Business & Industry _____ Government _____ Labor _____ Health _____
Religion _____ Social Service _____ Media _____ Agriculture _____
Education _____ Banking _____ Medical _____ Law _____
Other (Name) _____ Public Service _____

Briefly describe your responsibilities in your employment.

Please indicate how your present occupation relates to your community.

What do you consider your most significant contribution or achievement in your position thus far?

V. EDUCATIONAL BACKGROUND

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

High School: _____

Undergraduate: _____

Advanced degree(s): _____

List activities, offices and recognitions:

Significant continuing education experiences:

VI. PROGRAM REQUIREMENTS

The Leadership program consists of eight sessions; a tentative schedule is attached. **Tuition for the 2024/2025 program is \$450.** This amount is non-refundable and includes meal costs and materials for all programs. A minimum of half of the tuition is due prior to the first session with the balance due before the 4th session. We accept Check, Cash, Visa, Mastercard, American Express & Discover.

Attendance is VITAL to your success in the Leadership Griffin+Spalding program. The volunteers who facilitate and coordinate each session have put a lot of time and effort into your experience. More than two missed sessions will result an incomplete and you will not graduate the program.

Will you be able to commit to attendance at all sessions? Yes ____ No ____ - explain:

Do you have full support of your employer for the time required? Yes ____ No ____ *

Hold Harmless Agreement: In consideration for being accepted in the Leadership Griffin/Spalding classes and activities I release and covenant not to bring legal action of any type against Leadership Griffin/Spalding and/or its Board of Directors together or individually; the Griffin/Spalding Chamber of Commerce; any person or persons leading/instructing any portion of the program; and any agents of these parties (collectively the “Releasees”) for any and all claims related to any loss that may be sustained by me, including injury, loss of life, or to any property belonging to me, whether caused by the negligence of the Releasees or otherwise, while participating in activities, traveling to or from activities or while on the premises where the activity/class is being conducted.

Date: _____ Applicant Signature: _____

Date: _____ Employer Signature: _____

* Employer has open access to all records regarding attendance

Please include a letter of recommendation (Example: Employer, Supervisor, Board Chairman, Pastor)

Please send application to: Griffin/Spalding Chamber of Commerce
P.O. Box 73, Griffin, GA 30224
Fax 770-22-8031
griffinchamber@cityofgriffin.com

Application Deadline: August 16, 2024