

**Leadership Griffin/Spalding Class of 2026**  
**Griffin/Spalding Chamber of Commerce**  
**P.O. Box 73, Griffin, GA 30224**  
**(770) 228-8200; (770) 228-8031 – Fax**  
[cjones@cityofgriffin.com](mailto: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
---------------	-----------------------------	-----------------------

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

### 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 4<sup>th</sup> 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](mailto:griffinchamber@cityofgriffin.com)

**Application Deadline: August 10, 2025**