



Developing Leaders Throughout Nassau County  
A Program of the Nassau County Chamber of Commerce

## CLASS TWENTY

### Application for Admission

**APPLICATION DEADLINE IS MONDAY, JULY 1, 2019 BY 5:00 PM.**

**Please clear these dates on your calendar now:**

*\* Please note that all dates are tentative, and subject to change with notice to class members.*

#### **One-time Events:**

- Orientation (**mandatory**): Thursday, August 1, 2019 at 6:00 p.m.
- Retreat (**mandatory**): Friday, August 23, 2019 at 8:00am

#### **Monthly Program Days (normally 8:00am-5:00pm, with some exceptions):**

- Thursday, September 19, 2019
- Tuesday, October 15, 2019
- Thursday, November 14, 2019
- Thursday, December 5, 2019
- Thursday, January 16, 2020
- Thursday, February 20, 2020
- Thursday, March 12, 2020
- Thursday, April 16, 2020
- Thursday, May 21, 2020

#### **Special Events:**

- Graduation: May 2020

#### **Class members will be asked to complete the following in preparation for program days:**

- Attend a Municipal Commission and/or County Commission meeting (**mandatory**)
- Attend a Nassau County School Board Meeting (**mandatory**)
- Complete a "ride-along" with the City of FBPD or NCSO (**mandatory**)

*\* Please note that all dates are tentative, and subject to change with appropriate notice to class members.*

All applications are confidential. **Only completed applications will be accepted.** To ensure that classes reflect the diversity of the community, you are asked to specify your gender, race and/or ethnicity and age (answering these questions is optional).

# PERSONAL

Name (to be used on Graduation certificate)

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First

Middle

Last

Name for nametag \_\_\_\_\_

Shirt Size \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Do you require handicapped access or special accommodations (food allergies)? Yes \_\_\_ No \_\_\_

Please describe: \_\_\_\_\_

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Home Address

City

State

Zip

Mailing Address

City

State

Zip

Home Phone

Business Phone

Fax Number

Cell Phone

Email Address

List special skills, ie: languages spoken, CPR, etc.

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Education \_\_\_\_\_  
\_\_\_\_\_

## **EMPLOYMENT**

Present Employer: \_\_\_\_\_ Date Began: \_\_\_\_\_

Type of business: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Briefly describe your responsibilities

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What do you consider to be your most rewarding career achievement to date?

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Please list other work experience, beginning with the most recent:

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**AFFILIATIONS, HONORS AND AWARDS**

Describe any significant professional, civic, academic and/or social affiliations, awards or honors you have received:

Organization	Positions Held/Honors Received	Date
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Describe your most significant volunteer commitment:

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**REFERENCES**

Please print **COMPLETE** name, address, and relationship of three people. They must have known you for at least two (2) years. Each should be in a position to evaluate your qualifications as an emerging leader. Please **DO NOT** include family members.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

## **TELL US MORE**

1. Will you be able to commit full days to the program schedule (typically 8-5) and will you be able to keep your cell phone off for several hours at a time?

\_\_\_\_\_

2. What roles in local organizations do you currently hold and in the future plan to contribute?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. List your strengths and weaknesses as they relate to leadership and community involvement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What do you feel are the most pressing problems facing your community today? Explain why and give any recommendations you may have for approaching and resolving these problems.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Leadership styles vary in different situations. In your opinion, what common traits do all leaders exhibit?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How did you learn about Leadership Nassau? What motivated you to apply? If a referral, who referred you?

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7. If you do not live in Nassau County, what are your future plans for being part of the county?

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8. Have you participated in other Leadership Programs in other communities? If so, where?

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## TUITION

The cost of tuition is **\$750.00** for Chamber Members and **\$1050.00** for Non-Members. Payment options are available. It is your responsibility to ensure tuition is paid no later than **Monday, July 1, 2019**.

Please make check payable to: Nassau County Chamber of Commerce  
961687 Gateway Boulevard, Suite 101G  
Fernandina Beach, FL 32034

## COMMITMENT

***If selected as a participant in Leadership Nassau, I am willing to attend ALL of the functions sponsored by the program. The opening retreat and some additional events are mandatory. Involvement in Leadership Nassau does not end upon completion of the program. Graduates are expected to assume active roles in local organizations and contribute to future Leadership Nassau programs.***

***I understand that should I miss more than TWO sessions for any reason (emergency only – these are not personal days), I will be dropped from the program and no portion of the tuition will be refunded. You are to remain in class the entire day, no partial days are allowed. (A letter requesting to miss program days must be sent to, and approved by, the Steering Committee in***

**advance of the program days to be missed.) Your employer will be notified of your attendance or lack of for each session.**

*I hereby certify that the information in this application is complete and correct. I understand the above commitment and agree to be bound by it in signing this application.*

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Applicant's Signature

Date

Return completed application to:

Regina Duncan  
Nassau County Chamber of Commerce  
961687 Gateway Boulevard, Suite 101G  
Fernandina Beach, FL 32034  
Fax: (904) 261-6997  
Email: [regina@nassaucountyflchamber.com](mailto:regina@nassaucountyflchamber.com)

Please keep a copy of this completed application for your records.

## **EMPLOYER AUTHORIZATION**

I certify that I am the direct supervisor of: \_\_\_\_\_

I am aware that he/she is applying to participate in Leadership Nassau and will support his/her absence from work on the following dates\* and additional times when necessary for program completion:

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Signature

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Name (printed)

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Date