



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

CLASS 23

Application for Consideration

APPLICATION DEADLINE IS FRIDAY, JUNE 28, 2023 BY 5:00 PM

**** I understand that this application will be reviewed along with numerous others by a committee and may not be accepted at this time.***

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

**** When a bus is provided for specific program days, students are expected to use group transportation; exceptions must be discussed and approved in advance. If no bus is provided, students are asked to use their own transportation.***

Please clear these dates on your calendar now:

One-time Events:

- Orientation (**mandatory**): Tuesday, August 1, 2023 at 5:00 p.m. – (Bring your state-issued ID)
- Retreat (**mandatory**): Friday, August 25, 2023 at 8:00 a.m.

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

- Tuesday, September 12, 2023
- Tuesday, October 10, 2023
- Tuesday, November 14, 2023
- Tuesday, December 12, 2023
- Tuesday, January 9, 2024
- Tuesday, February 13, 2024
- Tuesday, March 12, 2024
- Tuesday, April 9, 2024
- Tuesday, May 14, 2024

Special Events:

- Graduation: To be determined
- Additional tours/presentations may be scheduled throughout the program year to further provide education and experiences

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**)
- Provide a professional headshot (**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)

First

Middle

Last

Name for name tag _____

Shirt Size _____ Age _____ Male/Female _____ Race/Ethnicity _____

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

Please describe: _____

Home Address

City

State

Zip

Mailing Address

City

State

Zip

Home Phone

Business Phone

Fax Number

Cell Phone

Email Address (please provide both work and personal email addresses)

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

Education _____

EMPLOYMENT

Present Employer: _____ Date Began: _____

Type of business: _____ Title/Position: _____

Briefly describe your responsibilities

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

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

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
<hr/>		
<hr/>		
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Describe your most significant volunteer commitment:

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?

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

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

TUITION

The cost of tuition is **\$1,500.00** for Chamber Members and **\$2,500.00** for Non-Members. An additional deposit of \$250.00 (Members) or \$500.00 (Non-Members) will be required but returned upon the completion of the program. Payment options are available. It is your responsibility to ensure tuition is paid no later than **Tuesday, August 1, 2023.**

Please make check payable to:
(In the full amount of tuition
and deposit)

Nassau County Chamber of Commerce
961687 Gateway Boulevard, Suite 101-G
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 (including the deposit). I must remain in class the entire day, no partial days are allowed – partial days will be counted as absent. (A letter requesting to miss program days must be sent to, and approved by,

the office in advance of the program days to be missed.) My 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.

Applicant's Signature

Date

Return completed application to:

Lynne Starling

Nassau County Chamber of Commerce
961687 Gateway Boulevard, Suite 101-G
Fernandina Beach, FL 32034

Fax: (904) 261-6997

Email: Lynne@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

Name (printed)

Date