

CONFIDENTIAL APPLICATION

(Please type or print in black or blue ink.)

Section 1. Personal Data

Name _____
Last First Middle

Preferred Name _____ Male ___ Female ___ Spouse Name _____
(for name tag)

Date of Birth _____ Home Phone _____ Work Phone _____

Home Address _____

_____ City State Zip Code

e-mail Address _____

Section II. Employment Data

Present Employer _____ Type of Business _____

Title or Responsibility _____ Fax Number _____

Mailing Address _____
(Use P. O. Box if applicable) Number Street

_____ City State Zip Code

Section III. Education

School/Degree _____
(List Highest Degree Earned)

Professional Education / Certifications _____

Commitment

I understand the commitment of the Leadership Bulloch, Inc. Program. If selected, I will devote the required time and pay tuition when billed.

Applicant's Signature

Date

Section IV. Activity Data

A. Major Volunteer Leadership role(s) during past ten years:

1. Organization _____

Position _____

Responsibility _____

2. Organization _____

Position _____

Responsibility _____

3. Organization _____

Position _____

Responsibility _____

B. What do you consider your most important accomplishment in one of these organizations?
Why?

C. How much time each month do you commit to volunteerism?

Section V. General

A. What do you feel are the two most significant issues facing Statesboro/Bulloch County?

1. _____

2. _____

B. What do you feel needs to be done to solve one of these problems?

C. Why should the Selection Committee select you for Leadership Bulloch?

D. What specific skills/knowledge do you hope to gain from your participation in Leadership Bulloch?

