

APPLICATION

Rockport-Fulton Chamber of Commerce
Leadership Aransas County
319 Broadway, Rockport, TX 78382
(361) 729-6445

PERSONAL DATA: (Please type or print all information)

Last Name _____ First Name _____ Middle Initial _____

Preferred name for name badge _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Fax _____

Cell Phone _____ No. of years in Aransas County _____

If less than five years, community where previously resided _____ # of yrs _____

Education: (List highest degree attained)

Name and Location of School _____ Major _____ Degree _____

Special honors, awards, prizes for academic performance (include date): _____

Extracurricular activities _____

Community Involvement: (List organizations which you have had a leadership role and honors received)

Organization	Highest position held	Honors received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employer:

Present Employer _____ No. of years employed _____

Type of Business/Organization: _____ Are you subject to transfer? _____

Title/Responsibility: _____ Length Held _____

Immediate Supervisor: _____ Position/Title: _____

Previous Employment	Title/Position Held	From/To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Express general information about yourself (List leadership qualities you believe you possess).

What do you hope to gain from the LAC Program and how do you hope to use this knowledge?

Give a brief description of how strongly you are committed to this community:

References: (Attach a letter of recommendation and the names of two other persons who are knowledgeable about your leadership potential and performances):

Name: _____ Title: _____ Phone: _____

Business: _____ Address: _____

Name: _____ Title: _____ Phone: _____

Business: _____ Address: _____

Commitment by Applicant: If selected as a participant in the Leadership Aransas County Program, I understand that only one (1) excused absence is allowed during the course of the program and it must NOT be the Ropes Course. Not attending the Ropes Course will result in dismissal from the program without any refund. I understand that arriving late and /or leaving early constitutes an absence. I understand that failure to meet any part of the obligation of participation will result in my being asked to withdraw from the program, without any refund of tuition. I hereby certify that all information provided above is complete and correct. I understand that any false information will disqualify me from participation in the LAC Program.

Signature: _____ Date: _____

Commitment by Employer: (If applicable): Applicants must have the support and commitment of their employer or organization. _____ has my full support for the personal commitment and time required to participate effectively in Leadership Aransas County. I fully understand that attendance at retreats, regular monthly meetings and program related events are mandatory for the successful completion of the program.

Signature: _____ Date: _____ Name Typed: _____

Title: _____ Business/Organization: _____