



DEVELOPING SKILLS TODAY FOR LEADERSHIP TOMORROW LEADERSHIP UPSON APPLICATION

1. BASIC INFORMATION

Name _____
Last First Middle Name Called

Home Address _____ Cell Phone: _____
Street and Number

_____ Date of Birth: _____
City Zip Code

Email Address _____

How long have you lived in Upson County (Years)? _____

Spouse's Occupation or Employment: _____

2. EMPLOYMENT

Present Employer: _____

Business Address: _____
City State Zip Code

Work Phone Number: _____ Employers E-mail _____

Type of Business: _____

Present Title or Position: _____

Direct Supervisor's Name: _____

Describe your position and responsibility: _____

3. PAST EMPLOYMENT RECORD

List in reverse chronology -- last position first:

Employer	Title	Period of Service
_____	_____	_____ to _____
_____	_____	_____ to _____

4. BUSINESS/PROFESSIONAL AFFILIATIONS, AWARDS, HONORS

(Not including civic organizations)

Name of Group	Positions Held, Assignments or Awards	Period of Service
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

5. COMMUNITY & POLITICAL INVOLVEMENT (Not including business/professional activities)

List in order of importance, community activities in which you have participated, to include: Civic organizations, public office or political activities, church, volunteer or other community activities.

6. SPECIAL AWARDS AND/OR HONORS/RECOGNITION

7. REFERENCES -- COMMUNITY INVOLVEMENT (at least two)

Name	Position/Relationship	Complete address and phone number
_____	_____	_____
_____	_____	_____

8. ACTIVITIES DURING SCHOOL YEARS

High School Attended: _____
Name City & State

Activities, offices and recognitions for special contributions: _____

Other School(s) Attended: _____

Activities, offices and recognitions for special contributions: _____

9. GENERAL

What would you hope to gain from Leadership Upson?

Identify three of the most important challenges Upson County must meet in the years ahead. Why?

10. COMMITMENT: Participation requires attendance at all regularly scheduled monthly Leadership meetings/activities as described in this year's brochure. Participants will meet once each month for 11 months. (January 2024-November 2024)

Will your work responsibilities or other commitments compete with your ability to devote as much as 10 to 12 hours per month to this program? Yes _____ No _____

If yes, explain what adjustments you expect to make: _____

Participants for the Leadership Upson program must have the support of their employer. The signature of the supervisor is necessary as an indication of support.

Signature of Supervisor

Title

APPLICANT COMMITMENT

I understand the purposes of the Leadership Upson program. If I am selected, I will commit the necessary time and resources to complete the program. Even though emergencies do arise, if I miss more than one session or project group meeting, I understand that I may be asked to withdraw from the program. In signing this application, I understand and accept these commitments and agree to honor them.

Applicant Signature

Date

COST PER PARTICIPANT: \$400 – Payment Plans are available

Application Deadline: November 10, 2023

**Return to: THOMASTON-UPSON CHAMBER OF COMMERCE
Adult Leadership Upson Committee
P.O. BOX 827
THOMASTON, GEORGIA 30286**

Leadership Upson is a program of the Thomaston-Upson Chamber of Commerce.