



## 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 2025-November 2025)**

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: December 18, 2024**

**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.**