

DEVELOPING SKILLS TODAY FOR LEADERSHIP TOMORROW ADULT 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	bute of birth			
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:		mployers E-mail			
Type of Business:					
Present Title or Position					
Present Title or Position:					
Direct Supervisor's Name:					
Describe your position and responsibility:					
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	3.	List in reverse chronology last position first	t:	
4. BUSINESS/PROFESSIONAL AFFILIATIONS, AWARDS, HONORS (Not including civic organizations) 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.		Employer	Title	Period of Service
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6. SPECIAL AWARDS AND/OR HONORS/RECOGNITION				
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7. REFERENCES COMMUNITY INVOLVEMENT (at least two)	7.	REFERENCES COMMUNITY INVOI	LVEMENT (at least two)	
Name Position/Relationship Complete address and phone number	Name		Position/Relationship	Complete address and phone number

9. GENERAL

What would you hope to gain from Leadership Upson?				
lentify 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.				
Participants will meet once each month for 11 months. (January 2026-November 2026.) Your full participation is critical to bot your personal growth and the success of the class as a whole. Each session is carefully designed to build knowledge,				
relationships, and leadership skills. Because of the limited number of participants and the investment made by the Chamber,				
your attendance is not optional. By initialing each point below, you (the applicant) acknowledge and agree to the following				
expectations:				
 I understand that attendance at all scheduled tours/sessions are required to successfully complete the program 				
 I confirm that my work responsibilities and/or other personal commitments will not prevent me from devoting 				
10–12 hours per month to this program, and I will plan ahead to fulfill this requirement.				
• I recognize that each session builds upon the last, and that my absence not only impacts my own learning but				
also the experience of my classmates and the strength of the group.				
 I will prioritize this commitment and plan accordingly to ensure my availability for all scheduled sessions. 				
• I understand that after three (3) absences, the Chamber will consider this my voluntary resignation from the				
program.				
 I acknowledge that, should I resign (voluntarily or by exceeding the absence limit), no refunds of program tuities 				
will be issued.				

 Applicant Initials: Supervisor Initials: I accept that my employer/sponsoring organizat leadership class commitments in advance to avoid 	tion is also aware of these requirements, and I will communicate my
	 r during the program, another employee may not take my place, as the I participant. If I am no longer with my sponsoring employer, I cannot ent employer paid for my spot in the class.
Participants for the Leadership Upson program must have the indication of support.	e support of their employer. The signature of the supervisor is necessary as a
Signature of Supervisor	Title
APPLIC	CANT COMMITMENT
and resources to complete the program. Even the requirement, not a suggestion. If I miss more than a voluntary resignation from the program, and no regmy sponsoring employer has invested in my part another employee cannot take my place, and I will that my work responsibilities or personal committee.	Upson program. If I am selected, I will commit the necessary time hough emergencies do arise, I recognize that attendance is a three (3) scheduled tours, I understand this will be considered my funds of program tuition will be issued. I further understand that ticipation. If I leave my current employer during the program I not be permitted to complete the program. I also acknowledgements must not prevent me from devoting an average of 10–12 his application, I affirm that I understand and accept these ion of participation in Leadership Upson.
Applicant Signature	 Date

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

Application Deadline: December 19, 2025

Completed applications can be submitted to the Chamber Office, emailed to Madison at mruttinger@thomastongachamber.com or mailed to PO Box 827, Thomaston, GA 30286.

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