



LEADERSHIP

Washington County

A PROGRAM OF THE WASHINGTON COUNTY ECONOMIC ALLIANCE



Leadership Washington County Application*

2019-2020 Class

*Please e-mail application back to ksipes@wceam.com

by 5:00 p.m., Friday, August 9, 2019

Please mail \$300 nonrefundable registration fee to:

Washington County Economic Alliance

P.O. Box 933

Greenville, Mississippi 38702

PERSONAL DATA

Name of applicant: ___ Dr. ___ Mr. ___ Ms. ___ Mrs.

First Middle Last

Preferred: _____

Business Address: _____
Street or P.O. Box City Zip

Home Address: _____
Street or P.O. Box City Zip

Business Phone: _____ Cell Phone: _____

Business Fax: _____ Email: _____

Length of residence in Washington County: _____

Age: _____ ___ Male ___ Female

Place of Birth: _____

If Married: Spouse's Name: _____

What are your interests: _____

EDUCATION

List Name and Location of School, Dates Attended, Degree, and Major. (Including high school, college, advance degrees, and specialized training)

EMPLOYMENT

Firm: _____

Position: _____

Type of Organization: _____

Employed Since: _____

Major Job Responsibilities:

Business/Professional Affiliations: List Name of Organization, Positions Held, and Dates of Affiliation.

List previous employment.

COMMUNITY ACTIVITIES

List in order of importance your positions of civic leadership, including community, religious, social, and other activities. List Name of Organization, Position Held, and Dates of Affiliation.

List community awards or recognition you have received.

GENERAL INFORMATION

What specific skills/knowledge do you hope to gain from your participation in Leadership Washington County?

EMPLOYER'S COMMITMENT

I have reviewed this application and fully support the applicant's participation in Leadership Washington County, and agree to the time and financial commitment required for the program.



Employer's Signature

Date

APPLICANT'S COMMITMENT

I certify that all of the information I have provided in this application is complete and true. If selected, I am fully prepared to be an active participant, by attending all sessions (**only two excused absences are permitted**), being fully involved in the class project, and devoting time and resources required to complete the Leadership Washington County program. Also, I agree to demonstrate the characteristics of a leader at all times during the class and while executing the class project. As consideration of acceptance into the Leadership Washington County Class, I hereby waive any and all claims for myself and my heirs against Washington County Economic Alliance and each of its agents, servants, officers and employees for injury or illness which any directly or indirectly result in my participation in the class, I further agree to save and hold Washington County Economic Alliance harmless and agree to indemnify each said person against any liability for any loss, costs, injury, or damage to persons or property which may arise by virtue of undersigned engaging in the class including but not limited to site visits and every activity pertaining to the class project. I further state that I am in proper physical condition to give my permission for the free use of my picture in any broadcast, telecast or other accounts of this class.



Applicant's Signature

Date