



LEADERSHIP DORCHESTER

2009 Application

Full Name _____

Nickname _____

Employer _____

Job Title _____

Business Address _____

Business Telephone _____ Fax _____

Website _____

Your business email _____

In order to complete LEADERSHIP DORCHESTER, you are expected to attend all eleven sessions (held on the 3rd Friday) and to complete a class/team public service project. The program begins on January 16th and ends on November 20th with a graduation and awards ceremony. See the Session Schedule attached.

Sponsorship Category:

____ Sponsored by employer

____ Self sponsored (applicant pays program fee)

____ Other sponsor

Attendance cost:

Chamber Member

\$850.00

Non Chamber Member

\$1150.00

Applicant's signature is required below:

I understand and accept the goals and commitments of LEADERSHIP DORCHESTER, and if selected, I will devote the time and resources required for successful completion.

Signature _____ Date _____

(Application – Form A)

Application Part B

Applicant's Name _____ Date _____

Please type or print your answers to questions #1 through #4 on a separate page and submit along with Form A of the application.

Please submit no more than 2 pages in response to the questions below:

(1) Describe your current volunteer leadership roles in community, civic, religious, cultural, or professional organizations.

Organization	Responsibility / position held	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(2) Why are you interested in participating in LEADERSHIP DORCHESTER?

(3) What are your personal expectations of LEADERSHIP DORCHESTER?

(4) What do you feel are three (3) significant changes facing Dorchester County?

Personal Information Part C

(Confidential)

Full Name _____ Date _____

Birthday _____ Age _____

Sex: Male ___ Female ___

Ethnic Group: Caucasian ___ African American ___

Hispanic ___ Native American ___

Other _____

Years in Dorchester County: Resident - # of years ___ Work - # of years ___

Home address _____

Home Telephone _____

Home E-mail _____

To Be Completed by Sponsor – Part D

This candidate for LEADERSHIP DORCHESTER has my full support to participate. I am aware of the time commitment involved in this leadership development program, as well as the financial obligation.

(Must be signed by the sponsor unless the applicant is self-employed or is the CEO.)

Name of Sponsor _____

Title _____

Business _____

Address _____

Telephone _____ Fax _____

Email _____

_____ I understand that the tuition for LEADERSHIP DORCHESTER is payable to the Greater Summerville/Dorchester Chamber of Commerce.

_____ Our business will provide financial assistance in the amount of \$ _____ towards the candidate's tuition.

Sponsor's Signature _____ Date _____