

Name: _____ Date: _____

Home Address: _____ Phone: _____

Email: _____ Cell: _____

Employer: _____ Title: _____

Employers Address: _____ Work Phone: _____

Work Email: _____ Fax: _____

Job Description: _____

Length of residence in the Norfolk Area: _____

Please indicate your contact preference: Email to: Work or Home, Fax or Mail to: Work or Home

Education: (Begin with high school, college (s), business or trade school (s) and/or other specialized training.

| Dates Attended | Name of Institution & City | Degree | Major |
|----------------|----------------------------|--------|-------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |

List your Volunteer Activities and Awards:

List your Interests/talents/other activities you are involved in:

What kind of community boards, committees or official positions would you like to become involved?

What are your expectations for Leadership Norfolk Class?

What do you feel you can contribute to the class?

Define Leadership:

References

Name/Title _____ Phone _____

Business Address _____

Name/Title _____ Phone _____

Business Address _____

Commitment

Participation in the Leadership Norfolk Program requires a commitment to attend all sessions. If selected to participate in the Leadership Norfolk program, will you be able to fulfill this time commitment?

Circle one: Yes or No

Tuition Fee for the 2019-2020 Class is \$495.00 for chamber members.

Tuition Fee for the 2019-2020 Class is \$645.00 for non chamber members.

This cost covers 9 full day sessions, with continental breakfasts and lunches. Payment is due at time of notification of acceptance into the program.

Nominees for the Leadership Norfolk program must have the support and commitment of their employer. Your employer's signature is necessary as an indication of support of the Leadership Norfolk program, the commitment to attend each monthly session, to participate in activities following graduation and to participate in other activities associated with Leadership Norfolk.

Signature of the Employer

Title

Please submit your application by **October 1, 2019** to:

Norfolk Area Chamber of Commerce

609 W. Norfolk Ave., Norfolk, NE 68701

Fax to 402- 371-0182

Email: jdahlkoetter@norfolkareachamber.com Questions—contact Jarad at 402-371-4862 or via email.

**All applicants will be notified of their acceptance status*

Applicants Signature

Date

**The information you provide will be utilized in a class directory along with your picture. The purpose of the directory is to help other class members to get to know you better and have your contact information. If you are not comfortable sharing some of the requested information, please feel free to leave that portion blank.*