



Date of Application
 ___/___/___

LEADERSHIP TEMPLE CLASS OF 2025 APPLICATION
APPLICATION DEADLINE JUNE 14, 2024

CONTACT INFORMATION

Name _____
First Middle Initial Last

Home Address _____

City _____ State _____ Zip _____ Cell Phone _____

Preferred Email _____

Preferred Name for name badge _____

Business/Firm/Organization _____

Business Address _____

City _____ State _____ Zip _____ Phone _____

Title or Position _____

Is it your long-term plan to make this community your home/and or place of business? ____ Yes ____ No

Please explain.

EDUCATION

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

Name and City of School	Date From/To	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List extracurricular activities, special honors or awards for leadership activities, academic performance or other areas, and any professional designations (i.e. CPA, etc.)

EMPLOYMENT

Length of service with present business/firm/organization: _____

Briefly describe your job responsibilities:

Previous Employer(s)	Title	From/To	Reason for Leaving
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What do you consider your highest responsibility, skill or career achievement so far?

ORGANIZATIONS & ACTIVITIES

List organizations of which you have been a member, in order of their value to you, during the past five years.

Business & Professional

Organization	Dates	Position Held/Your Contribution
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Civic, Religious, Social, Athletic and Other

Organization	Dates	Position Held/Your Contribution
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How many hours per month are currently committed to community, civic, professional, and other organizations and activities?

Have you been as active in these activities as you desire? ___ Yes ___ No

If not, what have been the major barriers to your involvement, and what conditions have changed that now enable you to seek involvement in the community?

NARRATIVE

Provide answers to the following questions on additional typed pages and attach to this application.

- (1) What inspired you to apply for *Leadership Temple* and what do you hope to achieve by successfully completing the experience?

- (2) What is the greatest opportunity that you see for the City of Temple?

- (3) What other things should the selection committee know about you in order to make an informed decision about your application for *Leadership Temple*?

REFERENCES

Name three people in Temple whom the Selection Committee can contact for additional information about your leadership skills.

Name _____ Title _____

Company Name _____

Business Address _____

E-mail _____ Telephone _____

Name _____ Title _____

Company Name _____

Business Address _____

E-mail _____ Telephone _____

Name _____ Title _____

Company Name _____

Business Address _____

E-mail _____ Telephone _____

Did someone encourage you to apply for *Leadership Temple*? ___ Yes ___ No

Who is that individual?

COMMITMENT

Leadership Temple requires attendance at orientation and monthly class days. Class days are all-day sessions that are typically the second Tuesday of every month over a nine-month period beginning in August.

Please provide a list of scheduled commitments that would necessitate an absence at any of the class days on a separate sheet. Any participant who is absent from as many as two class days, for whatever reasons, shall be dropped from the program.

COMMITMENT PLEDGE

1. I wish to participate in Leadership Temple and fulfill all class requirements including:
 - a. Outside activities.
 - b. An Action Team project.
 2. I have my company/firm/organization's support for my participation.
 3. I will be able to attend the one-day orientation and all monthly class sessions.
 4. I will submit my check for tuition two weeks prior to the orientation.
 5. I understand that the classes involve walking, standing, climbing stairs and other physical activity.
 - a. Do you require any reasonable accommodations? _____ Yes _____ No.
If yes, please explain (allergies, food, medical or physical)
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The information submitted with this application is true and correct to the best of my knowledge. I understand all commitments and agree to be bound by them in signing this application.

Applicant Name (printed)

Applicant Signature

Date

This application has the approval of this company/firm/organization, and the applicant has our full support, which includes the time required for participation.

Employer Name (printed)

Employer Signature

Company/Organization

Return the completed application by e-mail to Whitney Theriot, whitney@templechamber.com.

Leadership Temple tuition is \$750. Tuition is non-refundable.

Payment is due, upon selection, to the Temple Chamber of Commerce.