



**Leadership Northeast Polk**  
**Confidential Application –**  
**Class XI**  
(Please Type or Print Clearly)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Preferred Name for Leadership Badge \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ E-Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Number of Years in the Northeast Polk County Area \_\_\_\_\_

Other Places in Which You Have Lived \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Name/s of Children and Ages \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Position/Job Title \_\_\_\_\_

State Briefly What Your Duties Include \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Past Employers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Awards and Honors \_\_\_\_\_

\_\_\_\_\_

Special Interests and Hobbies \_\_\_\_\_

\_\_\_\_\_

Community, Civic, Professional and Other Organizations That You Are or Have Been  
Involved In (Please include any positions held) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Briefly a Personal or Professional Accomplishment You Are Proud of and Why

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you or your employer a member of the Northeast Polk Chamber of Commerce?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Permission to Participate (If Applicable)

I approve the participation of \_\_\_\_\_ in the Leadership Northeast Polk program. The applicant has approval and full support of this organization including the time required to successfully complete the program. I agree to pay \$\_\_\_\_\_ of the Leadership Northeast Polk tuition for the above applicant if accepted. I understand the tuition is non-refundable and non-transferable. (For applicants who answer directly to a Board of Directors, such as Executive Director of a non-profit organization, please have the Board President or Chair sign.)

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Application Agreement (Please initial each box)

\_\_\_\_\_ I will attend the mandatory orientation the closing retreat/graduation ceremony.

\_\_\_\_\_ I will attend a minimum of six full days of the seven leadership days. I understand that I cannot be late or leave early for any of the six days and will participate in all programs slated for each leadership day. Being late or leaving early will mark my day as missed.

\_\_\_\_\_ I understand the \$750 (or \$1,000 non-member) non-refundable (all-inclusive) tuition is due January 15, 2020, and that I am personally responsible for the full tuition or any portion of the tuition not paid by my employer.

By signing this application, I agree to be bound by this Commitment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applications due to the Chamber no later than Monday, December 21, 2020.**