

LEADERSHIP BEDFORD
SYNERGY AT WORK IN OUR COMMUNITY

APPLICATION
For
Leadership Bedford Class

NAME: _____

HOME ADDRESS: _____

CITY: _____ COUNTY: _____ ZIP CODE _____

BUSINESS TELEPHONE: _____

HOME TELEPHONE _____

FAX NUMBER _____

E-MAIL ADDRESS _____

HOW LONG HAVE YOU LIVED IN THIS COUNTY? _____

YES, I AM A REGISTERED VOTER.

EMPLOYMENT EXPERIENCE(Begin with current Employer)

<u>TITLE</u>	<u>EMPLOYER</u>	<u>DATES OF EMPLOYMENT</u>
--------------	-----------------	----------------------------

COMMUNITY SERVICE EXPERIENCE(List memberships and offices held in professional, civic, social, religious, and political organizations in the past five years. Begin with the most recent experience.)

<u>ORGANIZATION</u>	<u>LENGTH OF MEMBERSHIP</u>	<u>OFFICES HELD AND DATES</u>
---------------------	-----------------------------	-------------------------------

What do you consider to be significant contributions you have made in the past five years to your community through your community service or memberships?

What are your current interests in community service?

What aspirations for leadership are in your plans for the future?

Why are you interested in participating in the Leadership Development Program?

The Leadership Bedford Development Program involves one, two day retreat, eight day-long seminars and work on a community project. If selected as a participant, I will commit the necessary time and effort to the leadership program.

Signature: _____

Date: _____

Please complete and return this application to:

***Leadership Bedford
c/o Chamber of Commerce
100 North Cannon Boulevard
Shelbyville, TN 37160***

***Feel free to fax your application to 684-3483
attn: Leadership Bedford Board of Directors.***