



Leadership
Nottoway

Developing Effective Community Leaders

Application for Class of 2019—2020

Applicant's Agreement

I have read the "Statement of Commitment" on the attached Fact Sheet and, if selected as a Leadership Nottoway participant, agree to complete all of its requirements.

Signature _____ Date / / 2019

Personal Information

Name: _____

Years living or working in the Nottoway area: ____ County or Town of residence: _____
(Optional) Age: ____ Sex: ____ Ethnic Background: _____

Community Activities

Please describe present or past volunteer community positions you have held:

<i>Organization</i>	<i>Date</i>	<i>Position Held/Responsibilities</i>

Employment (if not employed please include home mailing address to assure notification)

Current Position: _____

Employer: _____

Business Address: _____

Business Phone: _____ Fax: _____

Home Phone: _____ Email: _____

Responsibilities: _____

County or town of work location: _____

Education (begin with most recent)

<i>School</i>	<i>City/State</i>	<i>Dates</i>	<i>Degree</i>

General

1. What do you feel is one of the most pressing problems facing the Nottoway area today? Explain why, and give any suggestions that you may have for approaching and resolving this problem.

2. What is one of the most important characteristics of an effective leader and why?

3. Please explain why you would like to participate in the Leadership Nottoway program.

References Please list two references who could attest to your capabilities and interest in Leadership Nottoway:

Name: _____ Phone: _____

Name: _____ Phone: _____

Business/Organization Agreement Applicants for the Leadership Nottoway program must have the support and commitment of their sponsoring business or organization. The signature of the head of the applicant's organization is necessary as an indication of the organization's support of the applicant's participation in the program.

_____ has my full support for the time, and personal commitment to participate effectively in Leadership Nottoway.

Signature: _____ Print Name: _____

Date: _____

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*Please use only available space (no attachments.) Return completed application as soon as possible. Applications may be mailed or e-mailed to the Blackstone Chamber office at P.O. 295, Blackstone, Virginia 23824 or chamber@blackstoneva.com Application must be completed in its entirety, as this will be the determining factor for selection. **Deadline: August 1, 2019 by 5:00 pm***