



APPLICATION FOR ADMISSION IN LEADERSHIP APOPKA CLASS III

Please complete application in full and include your biography on a separate paper.

APPLICATION

Name: _____ Preferred First Name for Badge: _____
Employer: _____ Hire Date: _____
Title: _____ Business Category: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-Mail: _____
Cell: _____ Web: _____
Shirt Size: (please circle) - S M L XL XXL

How did you hear about this program?: _____

PERSONAL

Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Years in Central Florida: _____

EDUCATION

School (High School/College, etc.)	City/State	From-To	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMUNITY INVOLVEMENT

Please list present or past volunteer community leadership positions you have held:

Organization	Date	Position Held
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACTIVITIES AND ACCOMPLISHMENTS

Please list any other accomplishments, honors, offices held, activities, etc.



GENERAL

What do you hope to gain and utilize from your Leadership Apopka Experience?

What have you found most challenging in community involvement and why?

What do you feel are three of the most critical problems facing our Apopka Community today?
Please provide attachment if necessary

Attendance: The time commitment is essential. There are twelve all-day involvement sessions, held one day a month, in addition to a two-day Orientation session. Only two excused absences will be allowed (Orientation is considered two sessions). Participants who fail to fulfill their attendance obligations will not graduate.

Tuition: Tuition for Leadership Apopka is \$1,200.00. There is a \$300.00 discount (\$900.00) for current Apopka Chamber members. Payments can be made by Check payable to Apopka Area Chamber of Commerce or by Visa/Master Card by calling the Chamber at 407-886-1441. All tuition payments are non refundable.

Candidate: I understand the goals and commitments of Leadership Apopka. If selected, I am willing to attend all the sessions/functions sponsored by Leadership Apopka and devote the time necessary to be a contributing member of the Leadership Apopka class.

Signature Date

Employer: I agree to allow my employee, if accepted, to devote the time necessary to be an active member of the Leadership Apopka class and support this commitment financially.

Signature Title Organization Date

Completed applications must be received as soon as possible. Please return the application to:

Apopka Area Chamber of Commerce
Leadership Apopka
pauls@apopkachamber.org
180 E. Main St. Apopka, FL 32703
Office: 407-886-1441 Fax: 407-886-1131