



Contact Information	
Name	
Occupation/Title	
Business/Organization	
Street Address	
City State Zip Code	
Phone	
Fax	
E-Mail Address	
Background Information	
Please attach a one page personal bid experience, educational background,	ography, narrative, or resume that addresses your professional and community involvement.
Interests	
Tell us in which areas you are interes	ted.
Basic Leadership Skills	Technology and Media
History of Pulaski County	Economic and Work Force Development
City, County, State, and Federal	Government Environment and Public Safety
Volunteerism and Community Se	rvice Tourism
Questions	
Please respond to the following:	
Summarize what you hope to contrib	ute to our community as a result of participating in this program.
Why are you proud to live and work in Pulaski County?	
In your opinion, what is the biggest challenge Pulaski County is facing?	
Give an example of a situation in which you significantly contributed to the success of a team.	
Describe a circumstance in which you took the initiative to make something better.	

upon graduation you will be expected	ear commitment. The first year you will participate in the program and it to assist in planning and implementing the next program. Do you ommit to these responsibilities? YesNo
Scholarship	
	cholarships are available for candidates representing nonprofit ion is included with this program application YesNo
Employer's Agreement	
that I am willing to make available th	ticipation in the Leadership Pulaski County program, and I acknowledge be necessary time for full participation in all scheduled classes and or program tuition upon the applicant's acceptance into the program.
Name and Title (printed)	
Signature	
Date	
Applicant's Agreement	
will have the opportunity make them understand the purpose of the Leader the program. If selected to participate	d remain eligible for graduation. If two or more sessions are missed you up during the next year's program and then be eligible to graduate. I rship Pulaski County Program and the requirements to attend and complete e, I will devote the time required. I also understand the completion of this ceptance as a participant in the program.
Name (printed)	
Signature	
Date	
Referral	
Did a previous LPC participant or other	er person recommend this program to you? YesNo
Referred by:	

Our Policy

Thank you for completing this application form and for your interest in Leadership Pulaski County. Upon notification of being accepted into the Leadership Pulaski Program you will be invoiced for the tuition. Tuition must be paid in full by August 1, 2013.

All applications must be postmarked by <u>June 5, 2013</u> to be considered for the 2013-2014 class.

Please return your application to: Waynesville-St. Robert Chamber of Commerce 137 St. Robert Blvd., Ste. B St. Robert, MO 65584

Phone: 573-336-5121 Fax: 573-336-5472

Email: info@wsrchamber.com

