



CONFIDENTIAL APPLICATION FOR APPOINTMENT
A program of The Lufkin/Angelina County Chamber of Commerce

PERSONAL DATA

DATE _____

COMPLETE NAME _____

NAME OR NICKNAME PREFERRED _____

DATE OF BIRTH _____

HOME ADDRESS _____ Zip Code _____

HOME PHONE _____ CELL PHONE _____

COMPANY _____

BUSINESS MAILING ADDRESS _____ Zip Code _____

BUSINESS PHONE _____ CELL PHONE _____

EMAIL _____ FAX # _____

LENGTH OF RESIDENCE IN ANGELINA COUNTY _____

HOW LONG DO YOU ANTICIPATE LIVING HERE? _____

IF MARRIED, SPOUSE NAME _____

NAMES AND AGES OF CHILDREN _____

HOBBIES _____

UNISEX T-SHIRT SIZE: (CIRCLE ONE) SMALL MEDIUM LARGE XLARGE XXLARGE

POLO-STYLE SHIRT SIZE : (CIRCLE ONE) SMALL MEDIUM LARGE XLARGE XXLARGE
(These are men's and women's sizes—not unisex sizes)

EDUCATION

Begin with high school, college(s), advanced degrees and/or specialized training.

A.

Name & Location of School	Dates From: To:	Degree/Major

B. Special Awards for Academic Performance:

C. Extracurricular Activities and Awards (Leadership Positions held, special honors and awards received during school years).

EMPLOYMENT

Present Employer _____ Service Date _____

Type of Organization _____

Title or Responsibility _____ Since _____

A. Briefly describe the responsibilities of your employment:

B. List previous employment in reverse chronological order (include active military duty).

EMPLOYER	TITLE/RESPONSIBILITY	FROM:	DATES	TO:

C. What do you consider your highest career achievement to date?

D. Business/Professional affiliations, if any (not including civic organizations, public office or political activities)

NAME OF GROUP	POSITIONS HELD	PERIOD OF AFFILIATION
		TO
		TO
		TO
		TO

COMMUNITY INVOLVEMENT

A. Include community, civic, religious, political, governmental, social, athletic, or other activities. Do not include business/professional activities. Indicate major roles in organizations at this time.

Organization	Assignment/Position	Describe Responsibilities and Year

B. If you have additional areas of active involvement, please list:

C. What do you consider your most important accomplishments in one of the above organizations? Why?

D. How much time each month do you commit to volunteer work? _____

E. In what kinds of volunteer activities would you like to become involved in the future?

F. If you have not had the time to become actively involved, what conditions have changed now to enable you to seek involvement in the community?

G. Have you been through the Leadership Tomorrow program? _____

If so, did you graduate? _____ What year? _____ - _____

COMMUNITY AWARENESS & PERSONAL GROWTH

(One of the goals of Leadership Lufkin is to build a network of community leaders who can enhance their problem-solving and other leadership abilities through shared perspectives and working together.) Feel free to add pages to elaborate on the following questions.

A. What do you feel are the three most significant problems facing the area today?

1. _____
2. _____
3. _____

B. What do you feel needs to be done about one of these issues?

C. What are the three most notable opportunities the Angelina County area has to offer?

1. _____
2. _____
3. _____

D. What do you feel needs to be done to develop one of these opportunities?

E. Please explain why you want to be in the Leadership Lufkin Program and why you should be in the Program? (Please elaborate and add a page, if needed.)

F. What leadership skills do you bring to the class?

G. What specific skills and/or knowledge do you hope to gain from your participation in Leadership Lufkin? (Please elaborate!)

H. What has been your greatest learning experience and what did you learn from it? (Feel free to add a sheet of paper or write on the back side to share your experience!)

COMMITMENT STATEMENT

(Please initial each item to acknowledge requirement and sign below.)

I agree to the following mandatory guidelines for Leadership Lufkin. I understand that to graduate from Leadership Lufkin, I must:

- _____ Attend all sessions.
- _____ Attend the Orientation Retreat (a two-day, out-of-town overnight session in late August).
- _____ Attend one full day each month for seven months, as scheduled. (Exceptions are made for missing four (4) hours only in order to graduate.)
- _____ Complete outside assignments, i. e., riding with policeman, attending city council meeting, attending county commissioner's court and school board meeting, etc.
- _____ Attend a three-day session for State Government in Austin which includes riding the bus to and from Austin with the class.
- _____ Participate in planning and implementing the annual Angelina County Science & Tech Fair. This includes attendance at both days of the two-day fair.
- _____ Participate as a volunteer on Friday night, Saturday, or Saturday night for the Texas State Forest Festival for a minimum of 2-1/2 – 3 hours.
- _____ Participate as a volunteer for 6-8 hours for with an LL approved non-profit organization, completing all requirements requested.
- _____ Volunteer at the end of your Leadership year to serve on a committee at the Chamber.
- _____ Serve as a coordinator for one session for next year's Leadership Lufkin class and attend A Coordinator's Meeting in preparation.

I have cleared my calendar to participate in the Leadership Lufkin Program. I commit to attending the opening retreat, all regular sessions, 3-day Austin trip, 2-day Science & Tech Fair, and the graduation celebration. If applicable, I have my employer's support as indicated (next page). If selected, I will devote the time and resources necessary to complete the Program. Even though emergencies do arise, any participant missing more than four hours, for whatever reason, may be asked to withdraw from the Program.

Applicant Signature

Date

EMPLOYER COMMITMENT

This application has the approval of this organization. The applicant has our full support which includes the time required away from work to participate in the program, including the opening retreat, all monthly sessions, 3-day Austin trip, 2-day Science & Tech Fair, and the graduation celebration. Thank you for your generous cooperation on this!

Name/ Title: _____

Printed Name: _____

Company: _____

SPONSOR COMMITMENT

As the sponsor for this applicant, I agree to pay \$1200 in non-refundable tuition costs for this applicant to participate in the program. Your participation makes this program possible! Many thanks!

Name/Title: _____

Printed Name: _____

Company Name: _____

Please note: this fee is not refundable.

Applications will be due by June 1st at 5:00 p.m.
Selected applicants will be notified by August 1st.

RETURN APPLICATION TO:
Susie Cardwell, Manager of Community Development
Lufkin/Angelina County Chamber of Commerce, 1615 S. Chestnut, Lufkin, TX 75901
(936) 634-6644 • scardwell@lufkintexas.org

Basic Requirements for Leadership Lufkin

(Applicants, Please Keep This Page)

- ◆ **Attendance is required for all sessions.** Dates are tentative, but should be finalized by the opening reception. After the year begins, dates will not change unless absolutely necessary and you will be given ample notice. Arriving on time at the designated locations for each session is required. Time will be docked for arriving late, leaving early, or leaving during a session.

- ◆ **If a bus is provided for any session, you are required to ride with the class.** This includes the bus ride to Austin and back from Austin for State Government Days.

- ◆ **You are only allowed to miss four (4) hours total during the Leadership Lufkin year from the regular sessions.** Any tardy or partial days will be included in this four (4) hour total.

- ◆ **No absences are allowed from the following LL activities:**
 - ❖ Attending the Opening Retreat (16+ hours/2 full days)

 - ❖ Attending the State Government Session (24+ hours/3 full days). You are also required to ride the bus to and from Austin.

 - ❖ Attending the Science & Tech Fair (16+ hours/2 full days) is mandatory.

- ◆ **Cell phones and pagers must be turned off during session times. No ringing phones, text messaging, or visible phones are allowed during sessions.** Breaks will be allotted for checking messages. In case of an emergency, Chamber staff will know how to contact class participants.

- ◆ **Prior to Education Day, you are required to attend a school board meeting at the school district of your choice in Angelina County.** Contact the school's office for their meeting dates and times. More details will be provided later.

- ◆ **Prior to Community Leadership Day, you are required to attend an Angelina County Commissioners Court session and a City Council meeting.** (County Commissioner's Court meets the 2nd & 4th Tuesday of each month at 10:00 a.m. City Council meets on the 1st and 3rd Tuesday at 5:00 p.m. in the Lufkin City Council Chamber, Room 102.) More details will be provided later.

- ◆ **Prior to December 1st, you are required to ride with a representative of the Lufkin Police Department for 3 hours.** More details will be provided later.

- ◆ **You are required to serve as a volunteer for the minimum 2-3 hour shift, at the Texas State Forest Festival on Friday night, Saturday, or Saturday night.** You will have the opportunity to sign up for this shift at the Welcome Reception or Retreat.

- ◆ **Prior to graduation, you are required to complete 6-8 hours of volunteer time in at least one of the agencies in the Interagency Coalition list and provide the required paperwork.**

- ◆ **As a class project, you are required to organize and participate in the two-day annual Science & Technology Fair. This includes attendance at both days of the two-day event (16+ hours).** You will make every effort to attend all meetings with the Science & Technology Fair Committee.

- ◆ **At the end of your Leadership year, you will volunteer to serve on a committee at the Chamber.**

- ◆ **You will be responsible for coordinating a session for next year's Leadership Lufkin class and attending a coordinators' meeting.**

NOTE:

Financial Assistance: If you require financial assistance, a letter explaining your request ***must be included*** with your application. Upon acceptance into the program tuition is due ***in full***. Limited scholarships may be available. The Scholarship Request can be found at www.leadershiplufkin.com.



Participant Profile Consent Form

Select one of the following options

- I hereby grant full permission to Leadership Lufkin to use my photo and profile information from the Leadership Lufkin application in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph or profile information.
- Please do not use my photograph in any publication or advertising materials.
- Please do not use my profile information from the Leadership Lufkin application in any publication or advertising materials.

Name

Business/Organization

Address

City

State

Zip

Signature

Date

Lakeview Methodist Conference Center
David Barber Challenge Course
Release and Health Form

Disclosure

The David Barber Challenge Course offers individuals the opportunity to participate in orientation, games, group initiatives, and low & high ropes course elements – which are all physical activities. Understanding that any physical activity involves the risk of increased heart rate, injury and/or death, I understand that my participation in the David Barber Challenge Course Program with Lakeview Methodist Conference Center is entirely voluntary and is challenge by choice. Lakeview Methodist Conference Center reserves the right to deny anyone participation in the David Barber Challenge Course Program.

Media Release

As evidenced by my signature on the reverse side, I authorize Lakeview Methodist Conference Center to photograph or permit other persons to photograph, record, conduct media interviews and/or publish information, sounds and images obtained of me, or my minor child herein, while participating at Lakeview Methodist Conference Center. I hereby permit such images and recorded sounds to be disseminated, published or broadcast through any medium Lakeview Methodist Conference Center chooses, including, but not limited to, print, video tape, DVD, television, radio, motion pictures and/or the Internet. I agree that Lakeview Methodist Conference Center may use, reproduce and sell such information, sounds, and images for such purposes and in such manner as they may deem appropriate. I agree that Lakeview Methodist Conference Center may permit others to use such information, sounds and images for such purposes and in such manner as they may deem appropriate. I understand and agree that such dissemination, publication, or broadcast may reveal my or my child's identity. I agree that the material may be used for any purposed by Lakeview Methodist Conference Center and its successors and assigns, harmless from and against any claim for injury or compensation resulting from the activities authorized above. This authorization has been voluntarily agreed to by me, and/or as parent and next friend of my minor child herein, and is binding on my heirs, beneficiaries and personal representatives.

Release of Liability

As evidenced by my signature on the reverse side, I have read and I understand the above disclosure statement. I and my family release Lakeview Methodist Conference Center, its employees, staff and other agents from any claims or liability arising out of my participation in the David Barber Challenge Course. I understand that Lakeview's David Barber Challenge Course may be physically and/or emotionally demanding. I affirm that I have no physical or emotional limitations that might put me or others at risk during my participation in any of the activities except the following (all such physical or emotional limitations must be listed):

Please note: The following information will be read by your Challenge Course facilitators ONLY and kept in strict confidence.

Name (please print) _____ Phone _____

Social Security # _____ Birth date _____

Address _____ City, State, Zip _____

Emergency Contact _____ Phone _____

Do you have health insurance? (please circle) **YES/NO** If so, list carrier & policy #

Do you have any limiting physical or health disabilities? (please circle) **YES/NO**

If yes, please explain:

Do any of the following symptoms or conditions apply to you? (check box if yes)

- | | |
|---|--|
| <input type="checkbox"/> History of diabetes, hypoglycemia, thyroid or bleeding problems | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Heart disease or heart attack | |
| <input type="checkbox"/> Recent injuries and/or surgeries | <input type="checkbox"/> Chronic pain in the neck, back, shoulders, arms, legs, or knees |
| <input type="checkbox"/> Low or high blood pressure, stroke | <input type="checkbox"/> Chest pains on exertion, heart murmur, palpitations |
| <input type="checkbox"/> Shortness of breath, asthma on exertion | <input type="checkbox"/> Any severe injury to head, chest, internal organs |
| <input type="checkbox"/> Severe illness requiring hospitalization | <input type="checkbox"/> Joint pains, swelling or stiffness without injury |
| <input type="checkbox"/> Epilepsy or history of seizures, dizzy spells, fainting, convulsions | <input type="checkbox"/> Broken bones, joint dislocations, serious sprains, hernia |
| <input type="checkbox"/> Current medications:
_____ | <input type="checkbox"/> Episodes of depression, anxiety, hysteria |
| <input type="checkbox"/> History of heart disease, high blood pressure, or stroke in family | <input type="checkbox"/> Currently pregnant |
| <input type="checkbox"/> Allergies and/or drug reactions: _____ | |

If you checked any of the above, please explain each:

List any other condition(s) we should be aware of:

Please express your opinion of your personal health:

Signature of participant and/or parent/guardian indicates an understanding of the above information and a release to treat, in the event of an emergency.

Participant's Signature _____ Date _____

Parent / Guardian's Signature (if participant is under 18 years of age) _____

Signature of Witness _____ Date _____