

EMPLOYMENT

(Account for all periods including military active duty.)

Present Employer: _____

Date Hired: _____

Current Job Title: _____ Since (date): _____

Previous Employment (in reverse chronological order):

Employer	Title or Responsibility	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What do you consider your highest responsibility, skill, or career achievement?

COMMUNITY ACTIVITIES

List notable community, civic, professional, business, religious, social, and other organizations of which you have been a member within the past five years.

Organization	Dates of Membership	Positions Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any special honors or awards received for leadership activities. _____

What have you accomplished in these activities which you think is important? _____

MOTIVATION

Why are you submitting an application for LEADERSHIP PLAINVIEW? What are your expectations of the program?

COMMITMENT

LEADERSHIP PLAINVIEW offers a unique learning experience, as well as a privileged view of the local community and facets of its economic structure. It requires the following commitments on the part of the participants:

1. Attendance at monthly meetings on the second Wednesday of the month beginning in September and continuing through the following May (nine class sessions in total).
2. Attend each session for a full day (7:30 a.m. to approximately 4:30 p.m.).
3. Maintain a professional and respectful standard of conduct.
4. Pay the tuition fee for the program which is currently set at \$350.00.

Attendance is taken in 4-hour blocks of time, with a maximum absence of 16 hours allowable to graduate from the program. A diploma will be awarded to those who satisfactorily complete the LEADERSHIP PLAINVIEW program.

I understand the above commitments and agree to be bound by them in signing this application.

Applicant's Signature

Name of employer or organization/individual sponsoring your nomination:

EMPLOYER COMMITMENT

This application has the approval of this firm, and the applicant has our full support which includes the time required to participate in this project.

Signature

Title

Please return completed application to:

Leadership Plainview Recruitment Committee
Plainview Chamber of Commerce
1906 West 5th Street
Plainview, TX 79072

Acknowledgments

~ Emphasis on Safety ~

We are serious about safety. We expect you to be serious about safety also by following the instructions of various tour guides and hosts, by acting prudently, and by using good judgment. Leadership Plainview offers a wide array of exciting learning opportunities. However, participation does carry a degree of risk and personal responsibility. It is important to read and understand the following caveats.

Although the Chamber of Commerce and Leadership Plainview have taken precautions to ensure an enjoyable, educational, and safe experience, it is impossible to guarantee absolute safety. There is inherent risk in travel. Conditions at various tour destinations and actions of other parties, such as drivers, event holders, sponsors, and organizers, are beyond our control. By signing below, you acknowledge that the Chamber of Commerce and Leadership Plainview affiliates are not responsible for the errors, omissions, acts, or failure to act of any party or entity conducting a specific event, tour, or activity as part of this program.

~ Emergency Medical ~

By signing below, you authorize the Chamber of Commerce or its authorized designee to obtain emergency medical treatment for you, if needed, as may be deemed advisable. You understand that the Chamber does not provide health insurance for you and that you should carry your own health insurance. You will be financially responsible for any costs of such treatment. Further, by signing you certify that you are physically fit and sufficiently prepared to participate and that you are not disobeying instructions from a qualified medical professional who advises against your participation.

~ The Legal Stuff: Waiver & Release of Liability ~

In consideration for being allowed to participate in the Leadership Plainview program, you assume responsibility for your own safety and needs and for all of its potential risks. Participation in this program is strictly voluntary, and by signing you acknowledge that you freely choose to participate.

With the intention of being legally bound by this document, the undersigned hereby releases from liability and agrees to indemnify and hold harmless the Plainview Chamber of Commerce and any of its employees, volunteers, or agents representing Leadership Plainview. This release is for any and all liability for personal injuries (including death), disability, property losses or damages, property theft, or actions of any kind which may occur as occasioned by or in connection with traveling, activities, or accommodations relating to this program. The undersigned hereby forever acquits and discharges the Plainview Chamber of Commerce and any of its employees, volunteers, agents, or affiliates of and from any and all actions, claims, causes of actions, loss of services, loss of earnings, costs, demands or damages, on account of or in any way arising out of any and all known and unknown causes which may occur with the aforementioned. By signing, you understand that this document is written to be construed broadly to the maximum extent permissible under applicable law. If any portion is held invalid or unenforceable, then you agree to be bound by the remaining terms.

I CERTIFY THAT I HAVE READ THIS DOCUMENT. I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND IS LEGALLY BINDING UPON ME, MY AGENTS, AND HEIRS. I SIGN IT OF MY OWN FREE WILL.

Applicant's Signature

Date

CLASS SHIRT

Each year the Chamber of Commerce provides an item which the participants will enjoy and will benefit from as part of the tuition fee. This term participants will be provided with quality long sleeve shirts. Shirts with personalized embroidery are presented during the first class meeting. Please make a point to wear your class shirt starting with the second session in October.

The following shirt sizes are available. Please specify your size based on the catalog's sizing chart (circle one):

MEN'S

WOMEN'S

Small

Small

Medium

Medium

Large

Large

Extra-Large

Extra-Large

XXL

XXL

3XL

(If you are concerned about a proper fit or potential shrinkage in the wash, err on the side of caution and order the next larger size.)

MEALS and SNACKS

Lunches and snacks are sometimes prepared in advance. If you have any special dietary restrictions or food allergies of which we should be aware, please list them here.
