

LEADERSHIP PEARL RIVER COUNTY APPLICATION FORM

Instructions

Before completing the application, please ensure you are able to attend the retreat and all monthly sessions.

The Leadership Selection Committee seeks a diverse class, representative of our community. The ideal application is thorough, demonstrates strong interest in the program, and a rationale for completing the Leadership Pearl River County program.

Deadline: Friday, July 3, 2020

Name _____

Employer _____ Position _____

Business Address _____

City _____ State _____ Zip _____

Business Number _____

Home Address _____

City _____ State _____ Zip _____

Cell _____ Email _____

Emergency Contact _____ Number _____

Number of years you have lived or worked in Pearl River County? _____

Financial Sponsor? ____ Yes ____ No If yes, please list: _____

EXPECTATIONS - What do you hope to gain from your participation in the Leadership Program, and how do you expect to utilize your Leadership Program experience?

If given the opportunity, what community service activities would you like to support?

EDUCATION- Include trade schools and other specialized training or education

PROFESSIONAL/PERSONAL ACHIEVEMENT- List your highest responsibility/skill/career achievement:

COMMUNITY EXPERIENCE- List any current community services activities in which you are involved and the amount of time you spend on these projects monthly.

TUITION

Tuition: \$500- Due upon selection and prior to start of kickoff session. Please make checks payable to Greater Picayune Area Chamber of Commerce and mail to ____ or pay online at ____.

You will be notified of acceptance into the Program by **July 17, 2020**.

The Leadership Advisory Board desires to make this program as accessible as possible for those willing to step forward in their roles as community leaders. To this end, a limited number of partial scholarships are available, for up to 50% of tuition.

☐ I would like to request tuition assistance.

Briefly describe your need and why a scholarship would impact your ability to participate in the program.

Please note that scholarship funds are limited and there is not guarantee your request will be granted.

PARTICIPANT COMMITMENT & MEDIA RELEASE

I understand the mission and goals of Leadership Pearl River County (LPRC). I understand the time commitment required of me as a LPRC participant. If selected, I commit to attend all monthly sessions, and I fully understand that should I miss more than _____, for whatever reason, I may be dismissed from the program with no portion of my tuition refunded. I understand that I will be required to work on and complete a group project. I am willing to devote my time and energy to the sessions, my project and the program as a whole. I understand that successful follow-through of these commitments is dependent upon completion of the program. I further understand that this is a competitive selection process and due to space limitations, not all applicants can be selected.

I, being of legal age, hereby consent, that my name, image, and likeness, as shown in the videotapes, photographs, film, recordings, electronic images, plates, tapes and software in which I appear, and/or audio recording made of my voice may be used by Leadership Pearl River County, its assigns or successors, in whatever way they desire. Furthermore, I hereby consent that such shall be the property of Leadership Pearl River County, and they shall have the right to sell, duplicate, reproduce and make other uses of such videotapes, photographs, film, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

My signature indicates I understand the above commitments and agree to uphold them to the best of my ability.

Signature of applicant _____

Please email completed application to _____ or mail to Leadership Pearl River County, _____ by July 3rd , 2020. Thank you!

RELEASE AND ASSUMPTION OF RISK AGREEMENT

Thank you for agreeing to participate in Leadership Pearl River County (hereinafter LPRC). During your volunteer activities with LPRC, if serious injury should occur that requires emergency medical assistance, you are required to report the incident to your health insurance provider first.

WAIVER OF LIABILITY

I acknowledge that I or my dependent(s) have voluntarily applied to participate with LPRC on any of its projects without pay as a volunteer and agree that we are assuming the risk of injury or loss of life by participating.

I or my dependent(s) understand that I/they am/are voluntarily participating in various individual and group activities related to the mission of the LPRC. This release is intended to be broad in its effect. I hereby agree to accept any and all risk of injury, illness or death and verify this statement by placing my signature below.

As consideration for being permitted to participate in these activities, I, on behalf of myself, my heirs, legal guardians, representatives and dependents, hereby irrevocably and unconditionally waive, release and forever discharge Greater Picayune Chamber (GPC), its officers, directors, agents and representatives from any and all claims, demands, causes of action, damages, actions, judgments, liens, losses, costs, attorney's fees and legal expenses or liabilities of any nature (including injury to and/or death of the participant), whether negligent or intentional, resulting from participation by me or my dependents in said activities.

I or my dependent(s) have carefully read this assumption of risk agreement and fully understand its contents. I am aware that this is a release of liability and a legal contract between GPC and me and my dependents that affects my/our legal rights. I am signing this document of my own free will.

Applicant's Name (PLEASE PRINT): _____

Applicant's Signature: _____ **Date:** _____

Emergency Contact Name: _____

Relationship: _____ **Phone:** _____

SPONSOR'S COMMITMENT

A nominee for the Leadership Pearl River County Program must have the support and commitment of his/her employer. The signatures of the employer and/or sponsoring organization (where appropriate) are required as an indication that the employer and/or sponsoring organization is/are in complete support of the nominee's participation. Please indicate the support of the employer and/or sponsoring organization by checking the appropriate box(es). Financial support indicates willingness to pay the applicant's tuition. Release time support indicates willingness to provide the applicant with time off from work to attend all class sessions.

EMPLOYER Will Commit to: ☐Financial Support ☐Release Time Support (check all that apply)

Employer:

Address:

Approving Name and Title (PLEASE PRINT):

Approving Signature:

Date: