



Applications must be completed by 12/15/2018

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Name (for a name tag): _____

Employment

Business/Firm: _____

Business Mailing Address: _____

Telephone: _____

Your Title (as you want it published): _____

Length of service with present organization: _____

Organizations and Activities

List memberships in community, civic, professional, business, religious, social, athletics, and other organizations (in order of value to you) during the past five years: (Leave blank if not applicable)

How many hours per month are currently committed to community, civic, professional, and other organizations and activities? _____

What do you hope to gain from your involvement in the Lonoke County Leadership Training Program?

In your judgment, what are the three most important issues facing your community today? Give any recommendations for dealing with these issues. (Use additional paper if necessary).

A). _____

B). _____

C). _____

Are you a registered voter in the county? If not, why? _____

What other things should the selection committee know about you to make a decision about your application for the Lonoke Leadership Training Program? _____

Name two persons in your community, not related to you, whom the selection committee could contact for additional information about you.

1. Name: _____
Business Address: _____
Phone: _____
2. Name: _____
Business Address: _____
Phone: _____

Do you have the full support of your employer for the time required to participate effectively in the Lonoke County Leadership Training Program? _____

Tell us something interesting/unique about yourself that most people don't know.

- Incomplete applications will be rejected.
- Mail completed form to: Lonoke County Leadership, P.O. Box 323, Lonoke, AR 72086.
- The information submitted with this application is true and correct to the best of my knowledge.

Signature of Applicant: _____

Please include a copy of an updated bio. Please limit to 1-2 paragraphs.

Please provide the name and phone number of person who referred you to our program:
