



## **Instructions for Completing the Leadership Jefferson County Application**

- Complete the enclosed application using pen
- Have employer sign section VII.
- Sign and date the “Hold Harmless Agreement” and “Attendance Policy”
- Obtain two letters of recommendation (these should be mailed to: Jefferson County Chamber of Commerce, C/O Leadership Selection Committee, P.O. Box 890, Dandridge, TN 37725 or emailed to nmorrison@jeffersoncountytennessee.com)

Completed applications will contain the following documents and must be submitted to Jefferson County Chamber of Commerce, Attn: LEADERSHIP Jefferson County, PO Box 890, Dandridge, TN 37725 by **Wednesday, September 14, 2022**

### **Items to be completed by Applicant**

- Application
- Essay (Section V of application)
- Signed “Hold Harmless Agreement”
- Signed “Attendance Policy Agreement”

### **Items to be completed by references**

- Two letters of recommendation (letters can be mailed or emailed to nmorrison@jeffersoncountytennessee.com)



## APPLICATION

LEADERSHIP JEFFERSON COUNTY is a program of the Jefferson County Chamber of Commerce that seeks to develop leaders who will have a positive impact on the growth and development of Jefferson County.

## INSTRUCTIONS

Type or print in black ink. Please complete each section fully and limit answers to the space available. Application must be signed by both the applicant and employer/sponsor and returned by: **Wednesday, September 14, 2022**

## SELECTION CRITERIA

Participation in LEADERSHIP JEFFERSON COUNTY is open to persons living or working in Jefferson County. Participants will be chosen by a Selection Committee, which is comprised of the Board Members and outside agencies, based upon the information completed on this application. The committee will be seeking representation from a cross-section of the county. These leaders and potential leaders will be active in business, education, the arts, religion, government, community-based organizations, and will reflect the diversity of the county. Applicants must have the full support of the organization or corporation they represent.

**I. PERSONAL DATA**

Date\_\_\_\_\_

Name\_\_\_\_\_
Last First Middle

First Name or Nickname preferred for nametag\_\_\_\_\_

Age\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_

Home Address\_\_\_\_\_
Street or P.O. Box City Zip

Business Address\_\_\_\_\_
Street or P.O. Box City Zip

Home Phone\_\_\_\_\_ Business Phone\_\_\_\_\_ FAX #\_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact: Email: \_\_\_\_\_ Mail:\_\_\_\_\_

If married, spouse's name: \_\_\_\_\_

Hobbies and Personal Interests\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Any Special Food Requirements: \_\_\_\_\_

Are you a registered voter? Yes [ ] No [ ]

Do you reside or work in Jefferson County? Yes [ ] No [ ]

**II. EDUCATION**

(Begin with High School, college(s), advanced degrees and/or specialized training.)

A. Name and location of school Degree Major
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

### III. EMPLOYMENT

Present Employer \_\_\_\_\_

Type of Organization \_\_\_\_\_

Title or Responsibility \_\_\_\_\_ Since \_\_\_\_\_

A. Briefly describe your responsibilities in your employment

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

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C. List your Business/Professional Affiliations (if any)  
(Not including civic organizations, public office, or political activities)

Name of Group	Positions Held or Assignments	Period of Affiliation
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

### IV. COMMUNITY INVOLVEMENT

A. Include state, community, civic, religious, political, government, social, athletic, or other activities. Do not include business/professional activities. Indicate your major roles.

Organization \_\_\_\_\_

Assignment/Position \_\_\_\_\_

Describe  
Responsibilities \_\_\_\_\_

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Organization \_\_\_\_\_

Assignment/Position \_\_\_\_\_

Describe  
Responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Organization \_\_\_\_\_

Assignment/Position \_\_\_\_\_

Describe  
Responsibilities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **V. GENERAL INFORMATION**

One of the goals of LEADERSHIP JEFFERSON COUNTY is to build a network of community leaders who can enhance their problem-solving and other leadership abilities through shared perspectives, a greater awareness of issues and organizations, and working together.

On a separate sheet of paper, please answer the following:

- A. What do you believe the three most significant challenges facing Jefferson County are?
- B. What do you believe needs to be done about one of these issues?
- C. What are the three most notable opportunities Jefferson County has to offer?
- D. What specific skills/knowledge do you hope to gain from your participation in LEADERSHIP JEFFERSON COUNTY?

## VI. COMMITMENT

*(To graduate from LEADERSHIP JEFFERSON COUNTY, a participant is expected to attend all sessions)*

I understand the purposes of the LEADERSHIP JEFFERSON COUNTY program and if I am selected I will devote the time and resources necessary to complete the program. Even though emergencies do arise, any participant missing a session, other than a family or medical emergency may be asked to withdraw from the program and tuition will not be refunded. A missed session will prevent graduation with that class, but the participant will be allowed to make up the session the following year and graduate with that class. I understand the above commitments and agree to honor them by signing this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## VII. TUITION

If accepted into the LEADERSHIP JEFFERSON COUNTY program, you or your company will be billed for the tuition fee of \$525, which covers all program costs, excluding transportation to and from the session site. If you need financial assistance, please check "request scholarship" at the end of the section.

EMPLOYER COMMITMENT: This applicant has the approval of this organization and has our full support which includes the time required to participate in the program.

Company \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Request Scholarship \_\_\_\_\_

## VIII. REFERENCES

Letters of recommendation should be written to describe the applicant as a leader in Jefferson County and his/her leadership has made a difference to the local community. References should come from personal, professional and civic contacts. Please see that your letters be mailed directly to the Jefferson County Chamber of Commerce C/O Leadership Selection Committee, P.O. Box 890, Dandridge, TN 37725.

References

Address & Phone Number

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Application should be mailed to:

**Deadline: September 14, 2022**

Jefferson County Chamber of Commerce  
Leadership Selection Committee  
P. O. Box 890  
Dandridge, TN 37725



**ATTENDANCE POLICY FOR  
JEFFERSON COUNTY LEADERSHIP PROGRAM**

Participants agreeing to take part in the Leadership Jefferson County program shall be required to be present at all classes offered in order to graduate from the program. Class members will be allowed two (2) absences only. If class member misses more than two (2) absences in the year, the class member will not be allowed to graduate. Excuses for absence shall be those of illness, family emergency, or business emergency. If illness, family emergency or business emergency forces a participant to absent for a class, a makeup session will be required. If the class member arrives later than 10:00 a.m. or leaves before 2:00 p.m. on the class day without proper notification, that will count as ½ day missed.

This policy is to be signed by each participant as an indication that they understand the terms and agree to abide by this policy.

**DEFINITIONS**

Business Emergency – one in which a client, the superior of a participant, or an elected officer of his/her organization contacts the chamber with a request for resolving a business need.

Family Emergency – serious illness of spouse, children or parents; death of an immediate family member (grandparents, parents, spouse, children).

Illness – sickness enough to cause the participant to require the services of a physician.

PARTICIPANT'S SIGNATURE

DATE

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## HOLD HARMLESS AGREEMENT

### RELEASE

WHEREAS, I, \_\_\_\_\_, have applied for admission to **Leadership Jefferson County** and may participate in the activities associated therewith, including, but not limited to, the Opening Retreat, the eight monthly sessions from October through May, outside activities and the Closing Graduation Ceremony/Dinner in June, and

WHEREAS, I am participating in the aforesaid activities solely on my own initiative, risk and responsibility;

NOW THEREFORE, in consideration of the permission extended to me to participate in the aforesaid activities, I do hereby for myself, my heirs, assigns, executors, and administrators, voluntarily release, waive and forever discharge **Leadership Jefferson County**, its officers, agents, employees, the **Leadership Jefferson County** Advisory Committee Trustees; in their individual capacities; and the Jefferson County Chamber of Commerce, its officers, agents and employees from any and all claims or causes of action, personal injury, or property damage which result from or arise out of my participation in the aforesaid activities.

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_