



2020 Leadership Union

Developing Leaders for Union County, Georgia
To Reach a Higher Quality of Community Life

Dear Applicant

We are so excited that you are interested in the 2020 Blairsville-Union County Chamber of Commerce Leadership Union activities. The 2020 program is shaping up to be very exciting, educational, and thought-provoking. The contacts you make throughout the event will evolve into life-long professional connections.

The program will run January through March—unless incimate weather requires a snow day. Please begin planning now to block off your Tuesday evenings for about three hours—with the exception of a couple of weeks when we will do a full day event such as ropes course and a county tour. Some meetings will be held at the Union County Community Center and some will be held at North Georgia Technical College. You will also attend the County Commissioner's meeting and a City Council meeting.

This packet includes the official required application and two forms for references. Please turn these in to the chamber office by November 30th, 2019. The \$350 payment should be made by December 10, 2019. Checks should be made payable to the BUCCC.

Twenty applicants will be accepted into the program. Activities are still being scheduled, but once accepted, participants will receive a full calendar of events.

We look forward to learning with you at the 2020 Leadership Union program. See you soon!

Warmest regards,

Renee Deibert
2020 Leadership Union Committee Chair
Blairsville-Union County Chamber of Commerce



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Application

Application Deadline: November 30, 2019

Payment Deadline: December 10, 2019

Completed package includes:

- 1) Application (Two Pages), and
- 2) Two Completed Reference Forms

PERSONAL:

LAST NAME	FIRST NAME	MIDDLE INITIAL	NICKNAME (FOR NAME BADGE)
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BUSINESS MAILING ADDRESS	CITY/STATE	ZIPCODE
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BUSINESS PHONE	FAX	BUSINESS EMAIL
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HOME ADDRESS	CITY	ZIPCODE
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HOME PHONE	CELL PHONE	PERSONAL EMAIL
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EMPLOYMENT: (if applicable)

PRESENT EMPLOYER	TITLE	DATE
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EMPLOYMENT AUTHORIZATION: (if applicable)

I approve the submission of this application, the time and financial commitment required to participate in this program.

SIGNATURE /Employer	TITLE	NAME (PRINTED)	DATE
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Which of the following best describes your present position? Please check one.

- Business
- Education
- Government
- Industry
- Non-Profit
- Professional
- Religion
- Social Services
- Volunteer
- Other _____

How did you learn about Leadership Union? _____

YEARS LIVING OR WORKING
IN UNION COUNTY

AGE

MALE/FEMALE

RACE/ETHNICITY

Describe your most significant volunteer commitment(s) to date:

List your strongest leadership characteristics. What are your expectations of the LU program?

State what you would like to learn about Union County—its resources and community leaders.

What changes would you like to see in Union County and why? Do you see yourself playing a role in that change? If so, how?



2020 Leadership Union Program

REFERRAL FORM

Referral Guidelines

You have been provided this document to refer someone to the 2020 Blairsville-Union County Chamber of Commerce (BUCCC) **Leadership Union Program**. You are being asked to complete the form and then give it back to the applicant or return it directly to the BUCCC. All applicants are required to get two referrals to be admitted to the program.

Referral Information

Candidate Name: _____

Email: _____

Telephone: _____

I recommend this candidate for the Leadership Union Program because:

Referring Party (Please Print)

Name: _____ Date: _____

Email: _____ Telephone: _____

Company: _____



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