



Confidential Participant Application for 2020-2021

Deadline for submission of this application is **Friday, August 21, 2020**

Class Schedule:

<i>Orientation – September 16, 2020</i>	<i>Government & Judicial Day – February 17, 2021</i>
<i>Business & Economy Day – October 21, 2020</i>	<i>Environment & Water Management Day – March 17, 2021</i>
<i>Education & Cultural Arts Day – November 18, 2020</i>	<i>Program Wrap-Up – April 21, 2021</i>
<i>Health & Human Services Day – December 16, 2020</i>	<i>Graduation – TBD</i>
<i>Agriculture and Agribusiness Day – January 20, 2021</i>	

For your convenience and to protect your privacy, this form may be **returned to the Belle Glade Chamber of Commerce** (540 South Main Street, Belle Glade, FL 33430) or **emailed to the chamber at melanie@bellegladechamber.com**.

About You:

Name: _____ Title: _____ Organization: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____
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Home Address (Street, City, State, Zip): _____

Email: _____

If married, spouse's name: _____ # of children: _____

Education:

Name of High School:

Location:

Graduation Date:

Name of College/Trade School (if applicable):

Location:

Graduation Date:

Degree:

Major:

Community Involvement: *Please list, in order of importance to you, up to five community, civic, professional, business, religious, social, athletic and other organizations of which you are or have been a member.*

Organization(s):

Dates:

Highest Position Held:

List any accomplishments, honors, awards, and/or achievements:

Employment: *(List most current position including active military duty)*

Employer:

Title:

Dates:

Do you or your place of business belong to the Belle Glade Chamber of Commerce?

Yes

No

Statement of Community Problem: Using the space below, compose a brief statement identifying a problem you feel exists in the Glades and offer possible solutions to help alleviate the problem.

Shirt Size: Women's Men's XS S M L XL XXL XXXL

YOUR SIGNATURE INDICATES ACCEPTANCE OF THE FOLLOWING:

1. Leadership Glades shall in no way be liable to me in the event I am not selected for the program
2. I acknowledge that there is an Orientation Session followed by six full-day sessions held on either the 2nd or 3rd Wednesday of each month.
3. I understand that 100% attendance is required. A class member having more than one absence will not graduate with his or her class.
4. I understand that attendance at the Orientation Session is mandatory.
5. I agree to abide by program policies as presented at the Orientation Session.
6. If I am accepted into the program, I shall not hold Leadership Glades liable for any claim I make based on my participation.
7. I have discussed the submission of the application and the time commitment required to participate in the program with my employer. My employer, as evidenced by the following signatures, approves and supports my participation in the program.
8. I agree to pay a \$300 non-refundable program fee upon acceptance into the program. **Fees must be paid by the first class on October 21st in order to participate.**
9. I hereby release Leadership Glades and its representatives from any liability for death or injury to my person, property, or reputation arising as a result of my application to, or participation in Leadership Glades or any of its program or events whether such injury or death results from negligence from volunteers, directors, or officers. I understand that I may be discharged from Leadership Glades even after acceptance should I engage in any conduct determined to be detrimental to the program.

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

Employer's Signature: _____ **Date:** _____

Employer's Name: _____

Recruited by: _____

Please return to: Leadership Glades, Belle Glade Chamber of Commerce, 540 South Main Street,
Belle Glade, FL 33430 Email: melanie@bellegladechamber.com Phone for Inquiries:
(561)996-2745