



**Leadership  
Nottoway**

*Developing Effective Community Leaders*

## Application for Class of 2010—2011

### Applicant's Agreement

I have read the "Statement of Commitment" on the attached Fact Sheet and, if selected as a Leadership Nottoway participant, agree to complete all of its requirements.

Signature \_\_\_\_\_ Date    /    / 2010

### Personal Information

Name: \_\_\_\_\_  
 Years living or working in the Nottoway area: \_\_\_ County or Town of residence: \_\_\_\_\_  
 (Optional) Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

### Community Activities

Please describe present or past volunteer community positions you have held:

<i>Organization</i>	<i>Date</i>	<i>Position Held/Responsibilities</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Employment (if not employed please include home mailing address to assure notification)

Current Position: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 County or town of work location: \_\_\_\_\_

### Education (begin with most recent)

<i>School</i>	<i>City/State</i>	<i>Dates</i>	<i>Degree</i>
_____	_____	_____	_____
_____	_____	_____	_____

### Other Activities and Accomplishments

Please list other relevant accomplishments, honors, offices held, and activities; business or community related; include any prior work related experiences:

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

General

1. What do you feel is one of the most pressing problems facing the Nottoway area today? Explain why, and give any suggestions that you may have for approaching and resolving this problem.
  
  
  
  
  
  
  
  
  
  
2. What is one of the most important characteristics of an effective leader and why?
  
  
  
  
  
  
  
  
  
  
3. Please explain why you would like to participate in the Leadership Nottoway program.

References Please list two references who could attest to your capabilities and interest in Leadership Nottoway:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Organization Agreement Applicants for the Leadership Nottoway program must have the support and commitment of their sponsoring business or organization. The signature of the head of the applicant's organization is necessary as an indication of the organization's support of the applicant's participation in the program.

\_\_\_\_\_ has my full support for the time, and personal commitment to participate effectively in Leadership Nottoway.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

*Please use only available space (no attachments.) Return completed application as soon as possible. Applications may be faxed to the Blackstone Chamber office at 434-292-1588.*