



habersham chamber  
**LEADERSHIP** habersham

2019-2020

**LEADERSHIP HABERSHAM**

**ADULT APPLICATION**

**Program Description**

The Leadership Habersham program identifies potential community leaders and provides them opportunities to develop leadership and problem-solving skills and go “behind the scenes” to learn how our community works. The Chamber is in its 30th consecutive year of Leadership Habersham. This year, the Chamber is proud to introduce a Youth Leadership Habersham, which will incorporate select juniors and seniors from Habersham High Schools into the program.

Leadership Habersham members will participate in an opening session on leadership skills from the University of Georgia’s J. W. Fanning Institute of Leadership Development, travel to meet local entrepreneurs and business executives for tours of various community businesses throughout the year, learn more about Chamber functions and the history of Habersham County, and meet with the Chamber’s Youth Leadership Habersham program members for student-mentor opportunities.

25 adult participants and 24 student participants are accepted into the program.

Leadership Habersham members are required to:

- Attend nine meetings a year which may consist of half-day sessions or full-day sessions.
- One full-day session includes a trip to the state capitol to participate in “Habersham Day at the Capitol.”
- Consent to a Criminal Background Check (attached) as required by Habersham County School System and Tallulah Falls School.
- Submit completed application.

**Applications and background checks are due by 3 p.m. August 30 to the Habersham County Chamber office.**



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**LEADERSHIP HABERSHAM APPLICATION**

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

Home Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City Zip Phone Fax

E-Mail Address: \_\_\_\_\_ Social Media: \_\_\_\_\_

Are you a resident of Habersham County? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you employed in Habersham County? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to seek public office? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you self employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's/Personal Business Website \_\_\_\_\_

Applicant's Position Title: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City Zip Work Phone Cell Phone Fax

Highest level of education attained: \_\_\_\_\_

Can you commit to attend one full day a month for nine months (September - May) for this training or do approved make-up events for any absences? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain what you hope to gain from this program, and what contributions you will bring to the class *(use back of page if needed)*:

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

\_\_\_\_\_  
Applicant's Signature Supervisor or Owner's Signature

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

Notice: Payment of \$500 (\$350 for approved non-profits) due before start of the first class in September. No refunds after start of class.



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**2019/2020 Dates  
Locations/Topics To Be Announced**

**September 25<sup>th</sup> – KICKOFF\***

**October 16<sup>th</sup>**

**November 13<sup>th</sup>\***

**December 18<sup>th</sup>**

**January 15<sup>th</sup>\***

**February 19<sup>th</sup>- DAY AT THE CAPITAL\***

**March 18<sup>th</sup>**

**April 15<sup>th</sup>**

**May 13<sup>th</sup>**

**June TBA-GRADUATION**

*\*Denotes joint days with Youth Leadership Habersham*



Habersham County Sheriff's Office

Sheriff Joey Terrell

Criminal Background Check Consent Form

I hereby authorize [redacted] to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or criminal justice agency in Georgia.

Full name (Print) \_\_\_\_\_

Address \_\_\_\_\_

Sex \_\_\_\_\_

Race \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

Notary Signature \_\_\_\_\_

Date \_\_\_\_\_

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
Employment with elder care (Purpose code 'N')
Employment with children (Purpose code 'W')
Employment with criminal justice agency- civilian (Purpose code 'J')
Employment with criminal justice agency- P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

This authorization is valid for 90/180 [redacted] (circle one) days from the date of signature.

OR

I, [redacted] give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*

Operator Signature \_\_\_\_\_

Date Completed \_\_\_\_\_

No Record

Record \*See Attached Paperwork\*