



*Leadership Claiborne is a program of the Claiborne County Chamber of Commerce. Its purpose is to promote community involvement, bring emerging leaders to the forefront, and develop an ongoing network of community leaders.*

### Application Instructions

- Please complete the application fully.
- The application must be mailed to Leadership Claiborne, 1732 Main Street, Suite 1 Tazewell, TN 37879 by **August 18, 2021** or give to any board member.
- Tuition for Leadership Claiborne is \$500.00 and will be due by October 10, 2021. Tuition is \$450.00 if paid by September 15, 2021. Please note in your application if your tuition will be paid by your employer (this will be verified by the Leadership Board).
- If an invoice is required for payment, please call or e-mail Melany Bunch (423-526-7076) or (melany.bunch@claibornecsd.org). An invoice will be sent immediately upon request.

### Selection Criteria

Participation in Leadership Claiborne is open to persons living or working in Claiborne County. Participants will be chosen by the Leadership Claiborne Board of Directors based upon the information provided in this application. The directors will be seeking representatives that are active in a variety of activities and organizations, and will reflect the diversity of Claiborne County. Applicants must have the full support of the organization or business they represent.

**\*\*\*Graduation Requirements: You must also be available to attend one class per month from 8:00 a.m. – 3:30 p.m. with no less than 80% attendance rate which includes an overnight trip to Nashville. You must attend required three county meetings. You must participate in the class project that benefits our county. \*\*\***

# Leadership Claiborne Application

## CONTACT INFORMATION:

Name:

\_\_\_\_\_

Nickname or Name Preferred:

\_\_\_\_\_

Home Address/City/State/Zip:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Title:

\_\_\_\_\_

Work Address/City/State/Zip:

\_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address:

\_\_\_\_\_

**\*\*\*Please list an email address that you check daily, as email is the primary method of contact from your class facilitator and the Leadership Claiborne Board. \*\*\***

**Employer Contact Information: (Your employer will be sent attendance records every three months.)**

Name of Immediate Supervisor \_\_\_\_\_

Ph. # \_\_\_\_\_ Email \_\_\_\_\_

**ARE YOU ABLE TO COMMIT TO ATTENDING LEADERSHIP CLAIBORNE CLASSES ONE DAY PER MONTH FROM 8:00 A.M. – 3:30 P.M.?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

If no, please provide us with a reason you may not be able to do so.

**ORGANIZATIONS AND ACTIVITIES:**

Please list up to five community, political, civic, professional, business, religious, social, athletic, or other organizations in which you have been involved.

**Activity/Organization/ Responsibilities**

**Dates**

- 1.
- 2.
- 3.
- 4.
- 5.

Please list any awards or honors you have received during the past five years:

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**Hobbies and Special Interests:**

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**PERSONAL INFORMATION:**

If married, spouse's name: \_\_\_\_\_ Are they a past member of Leadership Claiborne? \_\_\_\_\_

Ages of Children (if any): \_\_\_\_\_

Hometown: \_\_\_\_\_

**Any Special Food Requirements:**

\_\_\_\_\_

**Any Known Allergies:**

\_\_\_\_\_

**Last School Attended:**

\_\_\_\_\_

**Degrees/Majors:**

\_\_\_\_\_

**What do you consider your highest career achievement to date?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The most memorable, exciting, or unusual experience in my life so far (excluding marriage or births unless unusual!) was when:**

\_\_\_\_\_

\_\_\_\_\_

**The three most significant challenges facing Claiborne County are:**

- 1.
- 2.
- 3.

**The three things I like most about Claiborne County are:**

- 1.
- 2.
- 3.

**What do you hope to gain from your participation in Leadership Claiborne?**

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**REFERENCES:**

References should be able to describe the applicant as a leader and explain why the applicant would be an asset to the Leadership Claiborne program. References should come from different areas, but we request that at least one (1) business reference and one (1) personal reference are included.

<u>Type of Reference (Business, Personal, etc.)</u>	<u>Phone Number</u>
1.	
2.	
3.	

**COMMITMENT:**

I understand the purposes of the Leadership Claiborne program and if I am selected I will devote the time necessary to complete the program. The class sessions are on a monthly basis and are during regular business hours, and class projects may require additional meetings outside of the monthly required class meetings. I also understand that my behavior while part of Leadership Claiborne should do nothing to jeopardize the integrity of the program. I understand the above commitments and agree to honor them by signing this application.

Signature:

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

*Return, no later than August 18, 2021 along with photo to:*

**Leadership Claiborne  
C/O Claiborne County Chamber of Commerce  
1732 Main Street, Suite 1  
Tazewell, TN 37879**

Questions:

Karyn Clark [chamberceo@claibornepartnership.com](mailto:chamberceo@claibornepartnership.com)  
Melany Bunch [melany.bunch@claibornecsd.org](mailto:melany.bunch@claibornecsd.org)