



**Confidential Application
Coffee County Leadership
P.O. Box 1205, Tullahoma, TN 37388**

Biographical Outline & Questionnaire
(Please type or print legibly)

PERSONAL INFORMATION

Name: _____

Age: _____ Male/Female: _____ Years in Coffee County: _____

Home Address: _____
Street Address City State Zip Code

Spouse's Name: _____ Home Phone Number: _____

Cell/Mobile Phone Number (include area code if needed): _____

Email Address: _____

EMPLOYMENT

Name of Business: _____

Business Address: _____
Street Address City State Zip Code

Business Phone Number: _____

Date Began: _____

Job Title: _____

Briefly describe your responsibilities: _____

What do you consider your highest responsibility, skill or career achievement to date?

EDUCATION

Name and City of School

Dates (from/to)

Degree/Major

Special Awards or Honors for Academic Performance

ORGANIZATIONS AND ACTIVITIES

Organization

Length of Membership

Office(s) Held

What have you accomplished in these organizations or activities that you think is important?

PARTICIPATION

What do you hope to gain and how do you expect to utilize your Coffee County Leadership experience?

On page 4 please identify three (3) issues or problems in the order of importance facing our county today. Explain your concern and recommend solutions alternatives as well as your possible involvement in addressing the issues/problems. (The stated issues /problems are essential evaluations of your interest in the community and will be incorporated into the active program material as a part of small group presentation of participants).

COMMITMENT

We must ask that participants commit to attending 100% of the Coffee County Leadership classes, including a mandatory, overnight retreat. Absenteeism will result in your being dropped from the program unless previous arrangements are made with the Program Coordinator. If you are unable to make a commitment, it is not in your best interest to apply at this time.

Do you have the full support of your employer for the time required to participate in Coffee County Leadership? **(Enter Yes/No)** _____

Will you personally be able to fulfill the commitment of attending the September Retreat and eight (8) monthly sessions from September to June? **(Enter Yes/No)** _____

All applicants are subject to confidential evaluation. If you are not selected to participate in this Coffee County Leadership class, your information will be retained for one (1) year by the Membership Committee for consideration in the next class.

Signature

Date

COMMUNITY ISSUES IMPORTANT TO (your name): _____

1) _____

2) _____

3) _____

4) _____

Hold Harmless Agreement

In consideration for being accepted to participate in the Coffee County Leadership retreat and classes (hereinafter called "activities"), I release and covenant not to bring legal action of any type against Coffee County Leadership and/or its Board of Directors together or individually; Tullahoma Area Chamber of Commerce; Manchester Area Chamber of Commerce; any person or persons leading or instructing any portion of the retreat or class days; and any agents of these parties and will hold harmless from all claims related to any loss that may be sustained by me, including injury, loss of life, or to any property belonging to me, whether caused by negligence of the releasees or otherwise, while participating in activities; traveling to or from activities or while on the premises where this activity is being conducted.

Signature

Date