LEADERSHIP
C h e r o k e e

Personal Information

Name_____Date of Birth _____

Home Address _____

Home Phone_____Cell_____Years in Cherokee County _____

Email address _____

Spouse's Name _____

Children's names and ages: _____

Employment Information

Company Name: _____

Type of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Title: _____ Email: _____

Responsibilities: _____ Length of Employment: _____

Name of Immediate Supervisor: _____ Phone: _____

Community Involvement Information

Please list in order of importance to you, community, civic, professional, business, religious, social, athletic, and other organizations of which you have been a member.

Organization	Length of Membership	Office Held

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

What do you hope to gain from your Leadership Cherokee experience?

Leadership Cherokee
Employer / Sponsor Agreement Form

Name of Employer / Sponsor: _____

Endorses the application of: _____

For participation in Leadership Cherokee and will pay tuition upon acceptance of the applicant for the program. The Employer/Sponsor understands that the applicant MUST attend orientation/ get acquainted day, five class sessions, and the Community Service Day/Graduation in order to complete the program. Participants should plan to be in class from 8:00 a.m. to 4:00 p.m. Participants are expected to attend the entire day.

Employer / Sponsor Address: _____

Employer / Sponsor Signature: _____ **Date:** _____

Applicant's Signature: _____

**Cherokee County Chamber of Commerce 801
Cedar Bluff Road, Bldg A, Centre, AL 35960
(256) 927-8455**

Leadership Cherokee
MEDICAL FACT SHEET

This form is necessary in the event you have a medical problem that might require emergency care while participating in Leadership Cherokee activities.

NAME: _____

ALLERGIC REACTION TO: _____

PERSONAL PHYSICIAN (IF ANY): _____
TELEPHONE NUMBER: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____
TELEPHONE NUMBER: _____

Diabetic? _____

Free Bleeder? _____

Please list any additional information that would be needed in case of any emergency. (Example: Types of medication you are taking.)

_____

_____

_____

_____

I waive any and all claims for myself against all Leadership Cherokee organizers, sponsors, volunteers, contributors, participants, and by-standers for any injury and/or illness and/or death which may result from my participation in the Leadership Cherokee Program.

_____   _____

Participant Signature   Date