



A Program of the St. Lucie County Chamber of Commerce

The Mission

Leadership St. Lucie identifies and develops diverse leaders who impact the community through leadership.

The St. Lucie County Chamber of Commerce began the leadership program in 1982 to help participants become proactive community leaders. The program includes a series of seminars and site visits developed to expose participants to the greatest challenges and opportunities facing the community today.

The program looks for candidates who are committed to the welfare of the community and want to assume responsibility for its leadership. Members of the Leadership Alumni Council select up to 30 participants based on their education, professional achievements, individual accomplishments, personal objectives, volunteerism, and community involvement.

The two - year program begins in January with a mandatory orientation. After Orientation, the class meets once a month for 11 full - day programs beginning with a one - day team building session. The second year participants design the sessions for the next class.

Each day-long class focuses on a different aspect of the community, including education, government, history, economic development, health and human services, and other quality of life issues. In order to graduate, participants must attend at least 9 of the 11 sessions.

Tuition for the program is \$795 and is payable by the individual, their employer or the sponsoring organization. Tuition covers meals, course materials and transportation. Partial financial assistance is available on a limited basis.



PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Salutation: Mrs. _____ Mr. _____ Ms. _____ Dr. _____

Preferred First Name for Name Badge: _____ Years in St. Lucie: _____

Home Address: _____ Phone: _____
Street City Zip

Business/Organization: _____ Phone: _____

Address: _____ Fax: _____
Street City Zip

Hobbies or other interest: _____ Cellular: _____

Please mark your polo size: Small Medium Large XL XXL

Email address (es): please specify home/office or both:

Home Email: _____

Office Email: _____

I prefer to receive Leadership St. Lucie agendas, notices, mailed to:

Home Office

Any physical limitations? If so, please describe.

Dietary restrictions? If so, please describe.

EMPLOYMENT

Employer: _____ Date Began: _____

Title or Responsibility: _____ Since (Date): _____

Your current level of management is considered? Executive Middle Lower

Which of the following categories best describes your position?

Social Service Government Labor Volunteer

Religion Business/Industry Media Other _____

Education Medical Law

Previous Employment (list most recent first):

Employer (Note State Located In)	Title/Responsibility	From	To

1. What do you consider your most significant career achievement to date? Why?

2. Special Awards/Honors (business, professional, educational, civic, other)

EDUCATION

Include other specialized training that you consider important to this application

Name/ City of School/ Institution	Degree/Certificate	Dates	Major/ Field of Study

INVOLVEMENT, ORGANIZATIONS, AND ACTIVITIES

Please list, **in order of importance to you**, community, civic, professional, religious, social, athletic, and/or other organizations of which you are or have been a member. (No more than five please.)

Organization	Approximate Dates of Membership		Position Held
	From	To	

3. Please describe an accomplishment within these (listed above) activities that has contributed the most to your leadership learning:

4. How much time do you currently commit (monthly) to community, civic, professional, and other volunteer activities?

5. If you have previously not had time or the interest to be involved, what has changed enabling you to seek community involvement?

6. Are you interested in seeking key volunteer, public office, board, or other community leadership roles? _____ Please explain:

YOUR PERSPECTIVE ON ST. LUCIE COUNTY

7. One of the goals of Leadership St. Lucie is to build a countywide network of community leaders who can enhance their problem-solving and other leadership abilities through shared perspectives. What do you consider to be the 2-3 most immediate challenges facing St. Lucie County? Please be specific and briefly outline your suggested solutions.

A.

B.

C.

8. Have you completed any other community leadership program? _____ Where: _____

Program Name: _____

9. Why should you be selected for Leadership St. Lucie?

10. Is there any additional information, which could assist the selection committee in assessing your qualifications?

11. What specific skills/knowledge do you want to gain from your participation in Leadership St. Lucie?

12. How do you foresee yourself making a difference in St. Lucie County upon graduation from Leadership St. Lucie?

EMPLOYER COMMITMENT

This application has our support, which includes the time required, to participate in all sessions of the Leadership St. Lucie Program.

Name: _____ Title: _____

Relationship to Applicant _____

Business/Organization _____ Phone: _____

Signature _____ Date: _____

COMMITMENT AND CERTIFICATION STATEMENTS

PLEASE READ CAREFULLY

- Orientation and Ropes **Attendance is Mandatory. No Exceptions.**
- One full day session per month, on the second Thursday of each month from January through November. (Exact dates will be provided upon selection.)
- Participation in any required class project.

Note: Participants who miss more than two classes will not graduate. There are no exceptions.

Tuition for each participant is due upon acceptance. Tuition is nonrefundable after December 1st.

I understand the goals and commitment of the Leadership St. Lucie Program and the attendance requirements. I understand that all statements made by participants and program speakers are confidential. I understand that I am making a commitment to serve on a St. Lucie County Chamber of Commerce Committee the year following my graduation. I understand that I will be responsible for assisting in the formulation of at least one session for the following year's leadership class. I understand that if, for any reason, I am not able to complete the above program requirements, I may be asked to withdraw from the program and no portion of the tuition will be refunded. I understand the information outlined above and have discussed the same with my employer.

Signature: _____ Date: _____

There is a limited budget available for financial assistance for participants in the Leadership St. Lucie Program. If accepted, will you find it necessary to seek such assistance? Yes No

Selected Applicants will be notified by the Middle of November.

RETURN APPLICATION TO:

Mail or deliver the completed application with your signature plus six copies to:

Leadership St. Lucie
1850 SW Fountainview Blvd., Suite 201
Port St. Lucie, FL 34986

Phone: 772-340-1333

Fax: 772-785-7021