

2025 LEADERSHIP PUTNAM APPLICATION

Application Due Date: May 9, 2025

Applications may be emailed to LauraPavlus@Chamberpc.com with the subject line: 2025 Leadership Putnam Application

or dropped off to the Putnam Chamber of Commerce Office at 1100 Reid Street, Palatka FL 32177

Sponsored By:



Leadership Putnam's mission is to cultivate an informed and diverse network of community leaders dedicated to bringing our communities together. We aim to provide consistent leadership that enhances the quality of life and work in Putnam County.

Name		
Email		
Home Address		
City	State	Zip
Cell Phone		
Birthday (month/day/year(opt.)/ Favorite Color		

Employer Name				
Job Title	Years in Role			
Employer Address				
City	State	Zip		
Business Phone				
Immediate Supervisor Name				
Immediate Supervisor Email EMERGENCY CONTACT INFORMATION				
EMERGENCY CONTACT INFORMATION				
Emergency Contact Name				
Relationship Phone				
Medical Conditions/Allergies Needing Accommodation:				
EMPLOYMENT HISTORY: Please account for the	-	• •		
Employer Position Date	es .	Reason for Leaving		
COMMUNITY INVOLVEMENT: How do you into	nd to stavin	volved in community		
COMMUNITY INVOLVEMENT: How do you intend to stay involved in community activities? (Examples: Chamber of Commerce, Elected Public Official, Volunteerism, Boards You Serve On, Service Clubs, etc.):				
,				

List any extracurricular activities and appoint hans	ure received:		
List any extracurricular activities and special honors received:			
PETERENATO DI LI			
REFERENCES: Please list two individuals who are			
performance and potential. You may submit one l	etter of recommendation.		
ATTENDANCE: To graduate from Leadership Putna	•		
all sessions. Participants who miss more than two sessions will be dropped from the			
program without a refund of tuition. SIMSOC atten	dance is mandatory. I understand the		
goals and commitments of the Leadership Putnan	n program. If selected, I will devote the		
required time and pay my tuition prior to the open			
	_		
EMPLOYER ACKNOWLEDGMENT: This candidate			
Leadership Putnam. I am aware of the time comm	itment involved in his/her effective		
participation:			
Signature of Employer	Company/Organization		
	Gompany/Organization		
Signature of Applicant	Date		
Please include a brief description of what you h	ope to get from this program in the		
space below: (you may attach an additional she	et as necessary)		
	_		
1			

Please write a brief biography for yourself (500 characters or less):		
	·	
Please email a high-quality professional headshot and a "funs	sie" photo of yourself to:	
Chamber@Chamberpc.com Subject line: Leadership Putnam (Your Name) Photos		
Please answer the following questions for your introduct	ion:	
My most unique talent is:		
On my days off, you will most likely find me:		
The person who inspires me the most is:		
because		
If I were an animal, I would be a	because	
TUITION:		
The Chamber member cost is \$975.		
The non-member cost is \$1,275 (includes 1-year of Chamber membership)		
The her member decree \$1,270 (motades 1 year of 0		

PAYMENT DUE 2 Weeks AFTER SELECTION NOTIFICATION Make check payable to: Putnam County Chamber of Commerce Are you interested in a scholarship? Yes _____ No ____ Tuition will be paid by: Employer _____ Self _____ Would you be able to attend without a scholarship? Yes _____ No ____ I understand that Leadership Putnam is a five-month commitment. _____ Initials Shirt Size ____ Men's or Women's ____ If selected, you will be notified by May 16, 2025 with further information and instructions. Food Allergies: **Special Considerations/Needs:** Please return payment to: Putnam County Chamber of Commerce Attn: Leadership Putnam 1100 Reid Street, Palatka, FL 32177 Office Use Only _____ Approved ____ Notified ____ Payment In-Full Payment Date _____ Amount ____ Check # ____