



**Gardendale Leadership  
Academy**  
SPONSORED BY THE CHAMBER OF COMMERCE

*Presented by the*

**THE GARDENDALE CHAMBER OF  
COMMERCE**

**PARTICIPANT APPLICATION**

<b>Full Name:</b>					
<b>Home Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>If you live in Gardendale, how long have you lived here?</b>					
<b>If you work in Gardendale, how long have you worked here?</b>					
<b>Email:</b>					
<b>Home Phone:</b>		<b>Cell Phone:</b>			
<b>Spouse's Name:</b>					
<b>Employer:</b>					
<b>Employer Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Business Phone:</b>		<b>Years in Job:</b>			
<b>Occupation:</b>					
<b>Briefly describe your job responsibilities:</b>					
<b>Education (begin with highest educational level attained)</b>					
<b>School(s)</b>	<b>State</b>	<b>Dates Attended</b>		<b>Major/Degree</b>	

<b>What do you hope to gain from Gardendale Leadership Academy?</b>		
<b>In your opinion, what are the three most pressing problems facing Gardendale and the solution?</b>		
<b>Problem 1:</b>		
<b>Solution 1:</b>		
<b>Problem 2:</b>		
<b>Solution 2:</b>		
<b>Problem 3:</b>		
<b>Solution 3:</b>		
<b>Do you have full support of your employer (if applicable) for the time required to participate effective?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will you be able to meet attendance requirements as stated on the Leadership Academy Information Sheet?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Community Activities Involved In</b>		
<b>Activity</b>	<b>Description of Role</b>	<b>Dates Involved</b>

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Return application to [info@gardendalechamber.com](mailto:info@gardendalechamber.com)**