



Lake Travis Leadership Application

(All information and questions must be co	mpleted.)	
Date:		
PERSONAL INFORMATION		
First Name:	Last Name:	
Preferred Name:	Date of Birth:	
Home Address:		
City: State:	Zip Code:	
Cell phone:	Business Phone:	
Company:	Title/Position:	
Years in Position:		
Business Address:		
City: State:	Zip Code:	
E-Mail:		
Length of time as a Resident or Employ	yment in the Lake Travis Area:	
Hobbies/Interests:		
Have you applied to Leadership Lake T	ravis before? If so, what year?	
Have you completed a leadership program in another location/city? If so, where and when?		

EDUCATION

What do you consider your most important accomplishments in one of the above organizations? Why?	
How much time each month do you commit to volunteer work?	
If you have not had the time to become actively involved, what conditions have changed now enabling you to seek involvement in the community?	
GENERAL INFORMATION	
What do you think the three most important issues/problems are facing our Lake Travis area today?	
What do you feel need to be done with one of these issues?	
What are the three most notable opportunities the Lake Travis area has to offer today?	
What do you think needs to be done to develop one of these opportunities?	

What specific skills/knowledge do you hope to gain from Leadership Lake Travis?		
COMMITMENT STATEMENT		
Applications will be due by August 14th at 3:00 p.m. (Tuition is not due at this time.) Selected applicants will be notified prior to August 1st.		
I agree to the following mandatory guidelines for Leadership Lake Travis. I understand that to graduate from Leadership Lake Travis, I must: (Please initial each item to acknowledge requirement and sign below.)		
_I have cleared my calendar to participate in the Leadership Lake Travis ProgramI commit to attending the orientation, all sessions and the graduationIf applicable, I have my employer's support as indicated belowIf selected, I will devote the time and resources necessary to complete the ProgramEven though emergencies do arise, any participant missing more than four hours, for whatever reason, may be asked to withdraw from the ProgramThe business I work for is a member in good standing of the Lake Travis Chamber of Commerce.		
_l agree that any photos taken during any Leadership Lake Travis session may be used for		
publicity purposesParticipate as a volunteer for at least one other Chamber function (details to be given at retreat).		
Applicant Signature: Date:		

** Please attached your resume to your application and return to:

Return Application to:
Karen Shultz | President & CEO
Lake Travis Chamber of Commerce
14425 Falconhead Blvd, Suite E106
Austin, TX 78738
info@laketravischamber.com