



PROGRAM APPLICATION

The goal of Leadership Carson is to develop the next generation of active leaders for Carson. Decision-makers of local businesses, government agencies, non-profit organizations, schools, and universities participate in a 7 month program devoted to key regional issues at locations throughout Carson.

Graduates of Leadership Carson go on to contribute to Carson's economic and cultural vitality.

Classes will begin **November 2025**. To apply complete the information below and submit by **October 30, 2025**

Name _____ Email _____

Home Address _____ City _____ Zip _____

Phone _____ (home/cell) Birthday (month/day) _____/____

Employer Name _____ Job Title _____

Employer Address _____ City _____ Zip _____

Business Phone _____ Business Email _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Relationship _____

Phone _____

EMPLOYMENT HISTORY: Please Account for the last four years of employment. List in reverse chronological order.

Employer	Title or Responsibility	From – To	Reason for leaving
----------	-------------------------	-----------	--------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ORGANIZATIONS AND ACTIVITIES: Please list, in order of importance to you, community, civic, professional, religious, social, athletic or other organizations of which you are or have been a member. (*attach additional sheet if necessary*)

Organization	Approximate Dates of Membership	Positions
--------------	---------------------------------	-----------

_____	_____	_____
_____	_____	_____

COMMUNITY INVOLVEMENT: How do you intend to stay involved in community activities? (Examples: Chamber of Commerce committees, elected public office, appointments, Board of Directors, Service Clubs, etc.)

REFERENCES: Please list two individuals who are knowledgeable about your leadership performance and potential. You may submit one letter of recommendation.

ATTENDANCE: To graduate from Leadership Carson, participants are expected to attend all sessions. **Participants who miss two or more sessions will be dropped from the program without a refund of tuition.** Leadership & Development attendance is mandatory. I understand the goals and commitments of the Leadership Carson program. If selected I will devote the required time and pay my tuition prior to the opening orientation.

EMPLOYER ACKNOWLEDGEMENT: This candidate has my full support to participate in Leadership Carson. I am aware of the time commitment involved in his/her effective participation.

Signature of Employer

Corporation / Organization

Signature of Applicant

Date

TUITION:

The cost for a participant is \$750. Make check payable to
Carson Chamber of Commerce

Tuition will be paid by: Company _ or Self _

I would like to be considered for a scholarship Full _____ Partial \$ _____

I understand that Leadership Carson is a six-month commitment and that only one absence will be permitted to complete the program: _ Yes_ No

Please send application and payment to

Carson Chamber of Commerce
PO Box 4626
Carson, CA 90749

leah@carsonchamber.com

Office Use Only

☐ Approved

☐ Notified

Approver _____ Payment In-Full

Payment Date _____ Amount _____ Check # _____
