



A community leadership development program provided by the Enterprise Chamber of Commerce.

CONFIDENTIAL APPLICATION

Please complete the requested information below and return it by January 26, 2026 to:
Enterprise Chamber of Commerce, 553 Glover Ave, Enterprise, AL 36330 or info@enterprisealabama.com.

PERSONAL INFORMATION -

Name: _____ Preferred First Name (if different): _____

Mailing Address: _____

Email Address: _____ Phone #: _____

Birth Date: _____ # of Years Living in Coffee County: _____

Shirt Size: _____ (participants will receive an LCC logo shirt to wear on session days as part of class materials)

EMPLOYMENT -

Present Employer/Company Name: _____

Title/Position: _____ Length of Employment: _____

Company Address: _____

Company Phone #: _____ Business/Organization Type: _____

Description of Your Primary Responsibilities: _____

Please list prior professional employment (reverse chronological order) to include military service.

Employer	Title/Position	Dates of Employment/Years Employed

What would you consider your most important professional responsibility, skill or achievement?

EDUCATION -

Please provide education history beginning with high school, then add any college experience, completed degree(s), trade school certifications, and/or specialized training.

Name of School/Program	Degree(s)/Certificate(s)	Date/Year of Completion

List additional Awards/Honors/Recognition for Academic Performance that you're especially proud of:

VOLUNTEERISM & LEADERSHIP -

Have you participated in any other leadership program(s)? ☐ Yes ☐ No

**If yes, provide name(s) of all completed programs and year(s) of completion:*

Please list Civic, Professional, Business, Religious, Political, Social, or any other community volunteer/leadership roles in which you are currently active or have been previously involved in:

Organization	Official Position/Role	Term of Service	Hours Per Month

What has been your most meaningful volunteer/leadership experience and why:

If you do not have any experience actively participating in community or professional organizations, please explain what has prevented you from being involved:

Describe your personal leadership strengths:

Describe any personal leadership skills that you would like to improve:

Community Perspective -

In your opinion, what would you consider to be a particular strength(s) of the Enterprise/Coffee County area?

In your opinion, what would you consider to be a particular weakness(es) of the Enterprise/Coffee County area?

What do you find to be the greatest issues facing Coffee County today and what recommendations do you have for resolving them?

List any opportunities that you feel would help to improve the Enterprise/Coffee County area:

General -

Why do you want to be selected to participate in Leadership Coffee County and what do you hope to gain from your experience in this program?

List any specific areas of leadership involvement that you would like to become actively involved in upon completion of this program, including any community/volunteer organizations, committees, and/or boards:

References –

Please list two (2) professional references with knowledge of your demonstrated leadership and/or community involvement and **include one letter of recommendation:**

Name	Affiliation	Phone # and/or Email Address
1. _____	_____	_____
2. _____	_____	_____

Eligibility & Selection -

Applications are open to all current members of the Enterprise Chamber of Commerce, including authorized employees (*maximum of 1 employee per company*). Selection of applicants is subject to receipt of completed application by prescribed deadline, maximum class capacity, and review by the LCC Steering Committee.

Program Sessions & Materials -

The Leadership Coffee County program begins with an Opening Retreat in February and then meets one full day per month through the end of October.

The monthly sessions are typically held on the third Wednesday of each month from 8 a.m. – 4 p.m. Each session day will be held at various locations, appropriate to the topic of the session, providing participants an opportunity to experience many facets of the community. Businesses, public and private organizations act as hosts for each program. Participants will be introduced to key leaders conducted through a series of discussions, lectures, facilitated training exercises, and tours. Typical session days of the nine-month program cover the following topics: local & state government, public safety, nonprofit & community services, economic development, healthcare, military appreciation, education & workforce development, agriculture & industry, tourism, arts & culture, and more! **Please note the schedule is subject to change. If changes need to be made, each class participant will be notified ahead of time as soon as possible.*

Group Transportation will be provided to give participants time to network with class members and may also be used as planning periods for the class project. Class members are required to travel with the class for each session.

All meals and necessary materials will be provided for participants on each session day.

Graduation & Attendance Requirements -

Participants are expected to attend all sessions. Attendance will be checked in the morning, after lunch, and in the afternoon. Only **two absences from** the nine class days will be permitted, with an approved excuse from sponsoring employer/organization and program coordinator, to graduate with the current class.

Class members are also required to attend at least one City Council or County Commission meeting, actively participate in a class service project, and complete at least five (5) hours of individual volunteer service outside of scheduled class days.

A Graduation Celebration will take place in November for all LCC participants that have successfully completed the program.

Tuition –

- All selected participants will be responsible for the \$595 tuition fee, which will cover all program costs, supplies, meals, transportation, LCC logo shirt, and facilitators during the monthly sessions.
- Payment for tuition will be billed upon acceptance into the program and must be paid in full prior to the Opening Retreat session – **do not enclose payment with this application.**
- Tuition is non-refundable, in whole or in part, if the applicant fails to complete the program for any reason.

Personal Commitment –

If selected as a participant of Leadership Coffee County, I personally commit to and agree to the following as part of my application:

- I will commit to fulfilling all requirements as stated. and further understand that, to include the Opening Retreat session, barring an unforeseen emergency.
- I understand that attendance is mandatory for all program sessions and that I must attend each of the nine full-day sessions.
- I understand that I will only be permitted to miss up to **two** of the nine class days and must provide advance notice of my absence in writing, as well as a written excuse from sponsoring employer/organization for all absences.
- I understand that in addition to the class session days I must actively participate in the class service project and commit to providing at least five (5) individual volunteer hours.
- Upon acceptance, I will be responsible for the \$595 tuition.
- I also understand and acknowledge that if I fail to meet the obligations and requirements of the program that I will not graduate with my class, and my tuition will not be refunded.

Applicant Signature: _____ Date Signed: _____

Sponsoring Business/Organization Commitment –

All Leadership Coffee County participants must have the support and commitment of their sponsoring business or organization. The signature of an authorized company representative is required to indicate the company's support and authorization of this applicant's participation in the program. This application will not be considered complete without this signature.

As the sponsoring business or organization, I confirm that, _____ (name of applicant) has our full support for the time and personal commitment that will be required to participate effectively and successfully complete this program.

☐ Check this box if self-sponsored and Employer Endorsement is not applicable.

Sponsoring Employer/Organization: _____

Contact Name: _____ Title: _____

Email: _____ Phone Number: _____

Signature: _____ Date Signed: _____

***** Application Must be Received in Office by: January 26, 2026 *****

Return completed applications to:

Mailing Address

P.O. Box 310577
Enterprise, Alabama 36331

Physical Address

553 Glover Avenue
Enterprise, AL 36330

For additional questions contact us at:
info@enterprisealabama.com or (334) 347-0581.

