



LEADERSHIP PEARLAND APPLICATION

Submit your application to – Leslie.esqueda@pearlandchamber.org

NAME: _____

PREFERRED NAME: _____

EMPLOYMENT INFORMATION

EMPLOYER: _____

POSITION: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

PERSONAL INFORMATION

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

COMMUNICATION PREFERENCE

WORK EMAIL ☐ PERSONAL EMAIL ☐

Applications are due by August 08, 2025 at 5PM. Leslie.esqueda@pearlandchamber.org

PROGRAM AWARENESS & PERSONAL GROWTH

How did you hear about Leadership Pearland?

What skills do you hope to gain from Leadership Pearland?

SUPPORTING DOCUMENTS

Please include the following supporting documents with your application:

1. CURRENT RESUME
2. PARTICIPATION CONSENT FORM

I have reviewed the program schedule and cleared my calendar to participate in the Leadership Pearland Program. I commit to attending the opening retreat, all the regular sessions, Leadership Day in Austin, additional events as needed and the graduation celebration. If applicable, I have my employer's support as indicated below and we both have reviewed the Leadership Pearland expectations and class schedule. I will devote the time and resources necessary to complete the program in its entirety. I understand that missing more than 8 hours, for whatever reason, I may be asked to withdraw from the Leadership Pearland Class. I agree that the \$2000 payment is a **non-refundable** tuition cost for the Program.

Applicant Signature: _____ Date: _____

Employer Signature: _____ Date: _____

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LEADERSHIP PEARLAND TRANSPORT LIABILITY RELEASE FORM

I, _____, am voluntarily riding to and from sessions of Leadership Pearland. Sometimes I travel in personal vehicles, and at other times in vehicles or buses that are either rented or provided on a pro bono basis. This transportation benefits the Leadership Pearland program, the Pearland Chamber of Commerce, and me as a member of the Leadership Pearland program.

I realize that travel in these vehicles carries a risk, just as any travel in any vehicle does, whether I am driving or someone else is driving. Road conditions, weather conditions, and the actions of other drivers will influence the safety of travel.

I hereby release the drivers, providers of the vehicles (whether owned, rented, or leased), all participants in Leadership Pearland and their employers, as well as all representatives of Leadership Pearland, the Pearland Leadership Foundation, and the Pearland Chamber of Commerce and their employees, from any liability for any injuries that may be associated with driving to and from Leadership Pearland activities.

Signature: _____

Printed name: _____

Date: _____



Participant Profile Consent Form

Select from the following options:

____ I hereby grant full permission to Leadership Pearland and the Pearland Chamber of Commerce to use my photo and profile information from the Leadership Pearland application in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph or profile information.

____ Please do not use my photograph in any publication or advertising materials.

____ Please do not use my profile information from the Leadership Pearland application in any publication or advertising materials.

Name

Business/Organization

Address

City

State

Zip

Signature

Date

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