## *Leadership Harrison* Confidential Application Deadline July 31, 2019

| Name                                                                      |               |            |               |                |                |              |
|---------------------------------------------------------------------------|---------------|------------|---------------|----------------|----------------|--------------|
| Last                                                                      |               |            | First         |                | MI             |              |
| Home Address                                                              | Street        |            |               | City           | State          | Zip          |
|                                                                           |               |            |               |                |                | 1            |
| Home Phone                                                                | ₩0            | IK FIIOIIC |               |                |                |              |
| Age:21-30                                                                 | 31-40         | 41-50      | 51-60         | 61 & over      | Gildan Shirt   | t Size       |
| Email Address                                                             |               |            |               |                |                |              |
| Employer Name                                                             |               |            |               |                |                |              |
| Work Address                                                              |               |            |               |                |                |              |
| <u> </u>                                                                  | Street        |            |               | City           | State          | Zip          |
| Present Title                                                             |               |            | Leng          | th of Employn  | nent           |              |
| Name and Title of Dire                                                    | ect Superviso | or         |               |                |                |              |
| (Please confine your re<br>The Leadership Harriso<br>commitment? Explain. | on program o  |            |               | ns. Are you pi | repared to ma  | ke this time |
|                                                                           |               |            |               |                |                |              |
| What particular area of<br>Leadership Harrison as                         |               | s would ye | ou like to be | come more in   | volved in and  | how would    |
|                                                                           |               |            |               |                |                |              |
| Identify and briefly dis<br>important to Harrison (                       |               |            |               | y or problem y | you consider t | o be         |

What are your expectations of the Leadership Harrison program, both the Leadership training component and community awareness?

During the Leadership Program, traveling between sites, moving within business locations and doing some light physical activity is required. Do you have any limitations that would prevent you from fully participating in the program? \_\_\_\_ Yes \_\_\_No If yes, please describe so accommodations may be arranged.

Continental breakfasts and lunches are included in the Leadership Harrison program. Do you have any dietary restrictions or allergies?

Please enclose a letter of recommendation and have the recommender complete this section.

| (peer, supervisor, co- |
|------------------------|
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|                        |
|                        |

I understand the purposes of the Leadership Harrison program and, if selected, will devote the time required for its successful completion.

| Applicant's Signature | Date |
|-----------------------|------|
|-----------------------|------|

Please return this (1) completed application, along with a (2) letter of recommendation and (3) your current Resume by July 31, 2019 to FAX 304-624-5190 Email: <u>kathy@harrisoncountychamber.com</u> or by mail:

> Leadership Harrison c/o Harrison County Chamber of Commerce 520 West Main Street Clarksburg, WV 26301-2819