

Leadership Harrison

Confidential Application

Deadline June 30, 2009

Name _____
Last First MI

Home Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Fax Number _____ H or W?

Email Address _____

Employer Name _____

Work Address _____
Street City State Zip

Present Title _____ Length of Employment _____

Describe your work history prior to present employer _____

How many days per month are you out of the County? _____

Name and Title of Direct Supervisor _____

Do you have the support of your employer to take the time required for Leadership Harrison? ___

Education

College/Trade School _____ City/State _____ Degree/Year _____

_____ City/State _____ Degree/Year _____

High School _____ City/State _____ Degree/Year _____

Other _____ City/State _____ Degree/Year _____

List your professional, civic and community memberships and involvement:

Supplemental Questionnaire - Please confine your responses to the space provided.

The Leadership Harrison program consists of nine sessions. Can you make this time commitment? Explain.

What particular area of civic affairs would you like to become more involved in and how would Leadership Harrison assist you?

Identify and briefly discuss a particular issue, opportunity or problem you consider to be important to Harrison County as a community and why.

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

Recommended by _____ Phone _____
Signature

How are you acquainted with applicant? _____ (peer, supervisor, co-worker, etc.)

Company or Organization _____

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 _____

Return completed application by June 30, 2009 to:

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