



Confidential Application  
Deadline July 31, 2018

Name \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Age: 21-30 31-40 41-50 51-60 61 & over

eMail Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

Present Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

Name and Title of Direct Supervisor \_\_\_\_\_

The Leadership Harrison program consists of nine sessions, taking place one Friday per month, from September through May. Are you prepared to 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.

\_\_\_\_\_  
\_\_\_\_\_

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

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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 necessary accomodations.

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

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**Please enclose a letter of recommendation and have your sponsor complete this section.**

Recommended by \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ eMail \_\_\_\_\_

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

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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 \_\_\_\_\_

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**To Apply: Please send the following documents to [kim@harrisoncountychamber.com](mailto:kim@harrisoncountychamber.com)**

- Completed Application**
- Letter of Recommendation**
- Current Resume**

**Deadline to Apply – July 31, 2017**

You may also submit your application package via FAX 304-624-5190 or  
Mail: Harrison County Chamber of Commerce  
520 West Main Street  
Clarksburg, WV 26301-2819