Leadership Harrison Confidential Application Deadline July 31, 2019

Name						
NameLast			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	Gildan Shirt	Size
Email Address						
Employer Name						
Work Address						
	Street			City	State	Zip
Present Title	Length of Employment					
Name and Title of E (Please confine your The Leadership Har commitment? Expla	<i>r responses</i> rison progra	to the space p	provided.)			
What particular area Leadership Harrisor		•	ou like to be	come more in	volved in and	how would
Identify and briefly important to Harriso				y or problem y	you consider t	o be

What are your expectations of the Leadership Harrison procomponent and community awareness?	ogram, both the Leadership training
During the Leadership Program, traveling between sites, a doing some light physical activity is required. Do you have you from fully participating in the program? Yes accommodations may be arranged.	ve any limitations that would prevent
Continental breakfasts and lunches are included in the Le have any dietary restrictions or allergies?	
Please enclose a letter of recommendation and have the re-	ecommender complete this section.
Recommended bySignature	Phone
Signature How are you acquainted with applicant? worker, etc.) Company or Organization	(peer, supervisor, co-
I understand the purposes of the Leadership Harrison programs required for its successful completion.	gram and, if selected, will devote the
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: kathy@harrisoncountychamber.com or by mail:

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