

***Leadership Harrison***

Confidential Application

Deadline July 31, 2022

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 Gildan Shirt Size \_\_\_\_\_

Email Address \_\_\_\_\_

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

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

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

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

*(Please confine your responses to the space provided.)*

The Leadership Harrison program consists of nine sessions. 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?

---

---

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.

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 \_\_\_\_\_

---

---

Please return this (1) completed application, along with a (2) letter of recommendation and (3) your current Resume by July 31, 2022 to FAX 304-624-5190

Email: [kathy@harrisoncountychamber.com](mailto:kathy@harrisoncountychamber.com) or by mail:

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