



# 2018-19 Application

Application Deadline: July 20, 2018

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Preferred Mailing Address: (circle one)                      Work                      Home

Organization/Professional Affiliations: \_\_\_\_\_

\_\_\_\_\_

Why are you interested in enrolling in Leadership Guernsey? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from this experience? \_\_\_\_\_

\_\_\_\_\_

References: Please list two people who are familiar with your leadership performance and potential and from whom we could request information.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nominator (If same as candidate, write SAME on NAME line)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments about Candidate: \_\_\_\_\_

\_\_\_\_\_

Which of the following categories best describe your present area of leadership activity or interest?

- |                    |            |                        |          |                       |
|--------------------|------------|------------------------|----------|-----------------------|
| Human Service      | Government | Labor                  | Religion | Business and Industry |
| Media              | Education  | Medical                | Law      | Volunteerism          |
| Civic Organization | Arts       | Other (specify): _____ |          |                       |

What do you believe are the three most pressing problems facing Guernsey County?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What do you believe are the three greatest opportunities in Guernsey County?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

The success of the Guernsey County Leadership program is dependent upon each participant's commitment to attend monthly sessions. No more than two pre-approved absences are permitted in order to complete and graduate from the program. The two day orientation is mandatory. I will be able to honor the significant time commitment. I believe that I will receive support from my employer and my family. Payment must be received in full prior to the first meeting.

Signature of applicant

Date

Signature of party responsible for payment *(Required)*

Date

**Please return to: Cambridge Area Chamber of Commerce • 607 Wheeling Ave., Cambridge, OH 43725  
or Fax to 439-6689 or email scan to [info@cambridgeohiochamber.com](mailto:info@cambridgeohiochamber.com)**