



2024 – 2025 Application

Application Deadline: July 26, 2024

Name: _____

Home Address: _____

Employer: _____ Position: _____

Business Address: _____

Business Phone: _____

Email Address: _____

Preferred Mailing Address: (check 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 Leadership Guernsey 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. I will be able to honor the significant time commitment. I believe that I will receive support from my employer and my family. Payment of \$450 must be received in full prior to the first meeting.

Signature of applicant

Date

Signature of party responsible for payment (Required)

Date