



Leadership Guernsey Application

Candidate Information:

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 Guernsey County has to offer?

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 excused 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.

Signature of applicant

Date

**Please return to: Cambridge Area Chamber of Commerce • 607 Wheeling Ave., Cambridge, OH 43725
or Fax to 439-6689**