

Leadership Seneca County Application

Name: _____
Home Address: _____
Cell Phone: _____ Work Phone: _____
E-mail Address: _____
Company Name: _____
Company Address: _____
Title: _____
Job Responsibilities: _____

Supervisor Name: _____ Supervisor Phone: _____
Supervisor E-mail: _____
Sponsoring Agency (if applicable): _____

Applicant Commitment

By submitting this form to the Leadership Seneca County Program Selection Committee, I am making a commitment to participate in all activities related to the program and will devote the time and resources necessary to complete the program. I understand that completion of this application does not guarantee acceptance into the class. If I am selected, I agree to allow photos taken of me participating in Leadership Seneca County programs and events to be used in promotional, marketing and recruitment activities.

Print Name: _____

Signature: _____

Employer Commitment

The applicant listed above has full support and endorsement of our organization and will be given the time necessary to participate fully and complete the Leadership Seneca County Program. Applicants will be expected to get commitment from employer before being accepted.

Sponsoring Organization: _____

Print Name: _____

Title: _____

Signature: _____

Complete online at leadershipsenecacounty.org or mail completed form to:

Leadership Seneca County
PO Box 235
Tiffin, OH 44883

Tuition is to be paid in full prior to the first class.