



CLASS OF 2020 APPLICATION

Due September 6, 2019

Participant Contact Information

Name: _____ Name preferred for name tag: _____

Employer/Organization: _____

Business Address: _____
Street # City Zip Code

Work Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____
Street # City Zip Code

Years living or working in Venango County? 0-11 mo. 1-4 yr. 5-9 yr. 10+ yr.

Education Background *(list college(s), business, trade schools, or other specialized training)*

School Name City, State Major Degree

Employment *(account for all periods, including military duty)*

Present Employer: _____ Date Began: _____

Current Title/Responsibility: _____ Time in position: _____

Employer Title/Responsibility From To

Professional and/or Personal Achievements *(your highest achievements, responsibilities, or skills to date)*

Community Involvement *(please list, in order of importance, up to four community, civic, professional, business, religious, social, athletic, and other organizations of which you are or have been a member)*

Organization

Position Held

Dates

Briefly explain your interest in Leadership Venango and what you hope to gain from your participation.

References

Name: _____ Phone _____ Relationship: _____

Address: _____

Name: _____ Phone _____ Relationship: _____

Address: _____

Candidate and Sponsor/Employer Agreement

I agree to the participant requirements of Leadership Venango.

Candidate's Signature

Date

I support our candidate's participation in Leadership Venango.

Sponsor/Employer's Signature

Date

Applications are due by September 6, 2019.

Acceptance notification will occur on or before September 13, 2019.

Return application form to: Leadership Venango, c/o Susan Williams, President/CEO
Venango Area Chamber of Commerce | 24 Seneca St | P.O. Box 376 | Oil City, PA 16301