



## Leadership Mitchell County AUTHORIZATION TO PARTICIPATE FORM

AUTHORIZATION to participate FOR \_\_\_\_\_

### FOR APPLICANTS WHO ARE NOT SELF-EMPLOYED

To the applicant: Please discuss with your employer the purpose, activities, expected benefits and time commitments required for you to participate in this program. Authorization is required.

To the CEO or Immediate Supervisor: The Leadership Mitchell County program is designed to help individuals in our community activate and enhance their leadership skills while also becoming more aware of issues that surround our community. They are expected to participate fully in each of the sessions which have been designed to create a learning environment in which they can begin to experiment outside of their comfort zones. Please discuss the program's purpose, benefits, and time requirements with your employee; approximately 11 days, are required for the applicant to participate.

If \_\_\_\_\_ is selected to participate in the Leadership Mitchell County Program, we agree to provide released time for him/her to attend all required activities of this program during the next year.

### CEO AND/OR SUPERVISOR

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

Leadership Mitchell County  
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