



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 _____

**This form can be uploaded online at www.leadershipmitchellcounty.org/apply
or e-mailed to lmccconnection@gmail.com**

**Leadership Mitchell County
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