



2021 LEADERSHIP APPLICATION

Thank you for your interest in the 2021 Hibbing Area Chamber of Commerce Leadership Program. Applications must be legible and should be returned to the Chamber Office by Thursday, April 1, 2021. Please note that classes are being planned to be held in person. Depending on COVID-19 restrictions and safety recommendations from the CDC, classes may be moved to virtual. Our contact information is: info@hibbing.org, PO Box 727; Hibbing, MN 55746, 218-262-3895.

Preference will be given to applications received by the deadline.

APPLICANT NAME: _____

HOME ADDRESS: _____
City State ZIP

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____
City State ZIP

POSITION / TITLE: _____

TELEPHONE NUMBERS: WORK: _____ HOME: _____

FAX: _____ CELL: _____

EMAIL _____

** Our main communication for this program is through email. Please provide the email that you would like to be used for communication from the Chamber and your team.*

How did you hear about this program? _____EMAIL, _____WORD OF MOUTH, _____MAILING/LETTER,
_____SOCIAL MEDIA, _____WEBSITE, _____OTHER

I would like to participate in the Leadership Class 2021 because:

My involvement with a community or nonprofit organization(s) is / has been:

My hopes for the future of the Iron Range and my role in it are: (dream a little)

Please state your desires and goals for your own personal and professional growth:

Class and group participation is vital to the success of your leadership program experience. Therefore, it is expected that you will attend 100% of the sessions and fully participate in all aspects of your team project.

The Chamber occasionally makes exceptions in the case of personal emergencies or illness, but you must notify the Chamber in advance of the absence.

I understand if I am accepted into the 2021 Leadership Program, I or my employer must pay a \$400.00 tuition fee, (or \$475.00 if not a Hibbing Area Chamber member). No portion of tuition is refundable. Payment is due Friday, April 16, 2021. Materials, meals, and snacks are provided for every session and is included in the cost. **If you have any medical considerations you'd like us to know or dietary restrictions, please contact us.**

SIGNATURE: _____

DATE: _____

IMPORTANT

~ only if applicable ~

My (employer) signature indicates I approve the participation of _____
(participant name)

in the 2021 Hibbing Area Chamber of Commerce Leadership Program. I have reviewed the course schedule and agree the employee must attend 100% of all program sessions. (We keep an attendance log for CEUs and make that information available to employers.)

EMPLOYER NAME (please print): _____

SIGNATURE: _____

DATE: _____