



LEADERSHIP SOMERSET COUNTY

Enrollment Form

Recruiting now for the Leadership program.
Classes begin with the retreat on Sept. 25 & 26 at Indian Lake Lodge.
Sessions are held on the 3rd Wednesday of each month from October to June.
Learn all about Somerset County while becoming a leader in your community.

Criteria to participate in Leadership Somerset County:

1. Required to attend the opening retreat in September (2 days)
2. Attend a minimum of (8) monthly sessions (Total sessions in program: 10)
3. Participate in the creation, organizing, and implementation of a class project.

PERSONAL INFORMATION

Name _____
Last First MI

Badge Name: _____

Home Address _____
Street City State Zip

Employer/Organization _____

Your Current Job Title _____

Business Address _____
Street City State Zip

Phone _____
Business Home (emergency use only)

Email address to which notices should be sent:

SPONSORSHIP INFORMATION

Leadership Somerset County is more than just a program – it's a launchpad for local changemakers, community champions, and the next generation of engaged leaders. When you sponsor Leadership Somerset County, you're investing directly into the future of our region by supporting real people making real impact.

As a registered **501(c)(3) nonprofit**, your sponsorship is not only tax-deductible – it's meaningful. It helps us keep program costs accessible, provide valuable experiences for participants, and strengthen the pipeline of leadership across Somerset County.

Sponsored by (Name): _____

____ Employer ____ Organization/Business ____ Self ____ Other

Sponsor Contact (Please Print) _____

Phone _____

COMMUNITY INVOLVEMENT

Please list, in order of importance to you, up to five community, civic, professional, business, religious, social, athletic, and other organizations of which you are or have been a member.

	Organization	Position Held	Dates
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Briefly state any contributions or achievements in any of the above that you consider significant, and explain your role in these accomplishments

LEADERSHIP GOALS

Briefly explain what you would like to accomplish during your leadership year and how you believe this program will meet those goals

CANDIDATE AND SPONSOR/EMPLOYER AGREEMENT

I agree to participate in Leadership Somerset County and understand that to graduate from the program and receive my certificate of completion, I must participate in a **minimum of eight (8) meetings and in a team community project**. I also acknowledge that my employer will be informed of my attendance.

_____	_____
Candidate's Signature	Date

I support our candidate's participation in Leadership Somerset County.

_____	_____
Sponsor's Signature	Date

Make Check Payable for \$1,000 to:
Somerset County Foundation

601 N. Center Avenue, Somerset, PA 15501
The Somerset County Foundation is a 501(c)3 Corporation

For questions or additional information, contact:
The Somerset County Chamber of Commerce
814-445-6431 or info@somersetcountychamber.com