



Emerging Leaders Certification Program Application

(Due last business day of May or November each year)

Applicant Information

Name: _____

Date: _____

Department: _____

Email Address: _____

Job Title: _____

Is this a supervisory position? Yes No

Have you been with Henrico County for more than 6 months? Yes No

State the goal(s) you are trying to achieve in joining the Emerging Leaders Program and describe how you think joining this program might help you achieve those goals:

(At least 150 words. If you need additional space, send it in a Word document.)

Signature of Agreement:

This program involves participation in classroom training offsite as well as completing projects. By signing below, I understand that I am agreeing to the time commitment that participation in this program requires indicated in the ELCP Overview.

Employee Signature: _____

**Applications must be submitted to Rebecca Slough at slo@henrico.us by the last business day of May or November.*