



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 in a full-time position? Yes No

State the goals 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.*