

# Greater Lynn Chamber of Commerce *Supervisor Training Program Application*

## PARTICIPANT INFO & AGREEMENT

Business Name: *(Please Print)* \_\_\_\_\_

Participant Name: *(Please Print)* \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**As a Greater Lynn Chamber of Commerce member and Supervisor Training Program participant, I am committed to the following:**

**1. PROFESSIONALISM:** I commit to positive, professional attitude and a willingness to learn.

**2. PARTICIPATION:** I commit to attending, and actively participating in, all six sessions.

## SIGNATURES REQUIRED

**Participant:** I agree to commit myself to the expectations above, and I understand that failure to comply with the expectations may result in my dismissal from the program.

Name: *(Please Print)* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Manager:** I agree to support the above participant in the Supervisor Training Program.

Name: *(Please Print)* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO:**

**Greater Lynn Chamber of Commerce**

583 Chestnut St., Unit 8 • Lynn, MA 01904 // Email: [info@greaterlynnchamber.com](mailto:info@greaterlynnchamber.com)