

Contact Information (Please Print)

LAST NAME FIRST PREFERRED FIRST NAME MIDDLE

NAME OF EMPLOYER/ORGANIZATION

JOB TITLE

WORK ADDRESS CITY STATE ZIP

WORK PHONE WORK FAX WORK E-MAIL

HOME ADDRESS CITY STATE ZIP

HOME PHONE CELL PHONE HOME E-MAIL

EMERGENCY CONTACT PHONE ALTERNATE PHONE

PRIMARY EMAIL FOR LBA COMMUNICATION:

**Communication will primarily be via email unless otherwise requested*

Have you previously applied to LBA? No Yes, when? _____

How did you receive information on Leadership Broken Arrow? (Check all that apply.)

Chamber of Commerce Employer Friend Brochure

LBA Alum Media Internet Other _____

Program Fees

Program fees include materials, breakfast*, lunch* and administrative costs. The program fee for LBA 2017-2018 is \$575. **Applicant/business will be invoiced upon acceptance.** Payment is due by **August 11, 2017**, (Tuition is non-refundable).

Program Fees will be paid: Personally By employer

*Any special Dietary requirements, please explain: _____

Commitment

To graduate from LBA, you must attend a minimum of eight monthly sessions (90%) and the Kick Off Session. We meet one day each month from September through May. Sessions will begin at 8:00 am and end by 4:30 pm. The Kick Off Session will be Thursday, August 24th from 6-9p and is **MANDATORY!** Plan to commit the entire day. Please be sure that your employer understands your commitment.

Please check any date that you are **NOT** available to attend LBA:

Session 1: Thurs, Sept 14, 2017 Session 4: Thurs, Dec 17, 2017 Session 7: Thurs, March 8, 2018
 Session 2: Thurs, Oct 12, 2017 Session 5: Thurs, Jan 11, 2018 Session 8: Thurs, April 12, 2018
 Session 3: Thurs, Nov 9, 2017 Session 6: Thurs, Feb 8, 2018 Session 9: Thurs, May 10, 2018

IMPORTANT: If a session needs to be cancelled due to weather we will try reschedule for the following Thursday.

LBA does require volunteer hours outside of day sessions. These will be weekend and evening hours. (approx. 20 hours)

Are you willing and able to commit the time required to fully participate in the LBA program this year?

YES NO

LBA is a program designed to develop leaders within the Broken Arrow community. This involves attending local, non-profit board meetings. Are you willing to attend non-profit board meetings during the LBA program year?

YES NO

Will you agree to continued service to the community through volunteer activities following this program year?

YES NO

Business / Organization Agreement

Each candidate for the **Leadership Broken Arrow** program must have the support and commitment of his or her sponsoring business or organization. The signature of your supervisor/sponsor is necessary as an indication of support for the candidate's participation in **LBA**. **By signing below the supervisor agrees and supports the commitment required by all LBA participants (see commitment section above).**

SIGNATURE OF SUPERVISOR/SPONSOR

TITLE

ADDRESS

PRINTED NAME OF SUPERVISOR

If applicable, list the name and title of applicant's **immediate** supervisor, if different from above.

PRINTED NAME

TITLE

Contact person / address to send invoice:

(Is PO required? Yes No. Is Chamber invoice required? Yes No)

NAME

JOB TITLE

DEPARTMENT

PHONE

ADDRESS

CITY

STATE

ZIP

Employment / Professional Growth

Category of Employment:

- Banking Business/Industry Education Government Health Care Laborer
 Legal Media Public Safety Religion Social Services
 Retired Other _____

What do you feel is your highest leadership contribution to date in your business/professional career?

Indicate your involvement in professional or business associations.

NAME OF ORGANIZATION	DATES OF MEMBERSHIP	LEADERSHIP ROLE
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Education

Provide information about your education.

SCHOOL	CITY	FROM YR. TO YR.	DEGREE	MAJOR
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Cite extracurricular activities and special honors or awards for leadership activities:

Community Involvement / Leadership

Provide information about your community volunteer service. List your civic, social service, religious and/or other not-for-profit organizations in which you are or have been involved. (LBA will provide additional opportunities for involvement following program graduation.)

NAME OF ORGANIZATION

DATES OF MEMBERSHIP

LEADERSHIP ROLE

Please describe a time when your community involvement had a positive impact

LBA Program Participation

Describe your motivation to participate in LBA and what you believe your future contribution to the community might be.

What one thing in Broken Arrow would you build on or change?

Describe one particular skill, knowledge, professional or technical expertise that could be helpful to LBA 2015.

LBA Program Participation cont'd.

Share one additional thing about yourself. If you are selected for LBA 2017-2018, this information may be shared.

Applicant's Agreement

I hereby give LBA's selection committee permission to verify any of the above information. LBA is an equal opportunity program. Race, gender, creed, national origin and political affiliation have no bearing on class selection. **Applicant should reside or work in Broken Arrow**, profess an interest in social and civic issues, be willing to listen to a broad range of opinions and participate in a cordial exchange of ideas. All individuals with an interest in the Broken Arrow community are welcome to apply. Class size is limited.

By signing this form you are giving consent for your name and/or picture to be released for LBA program promotion and community contact information. If you **do not want** your contact information published, **please check here**_____.

X
SIGNATURE OF APPLICANT

DATE

Mail Completed Application to:

**Broken Arrow Chamber of Commerce
Leadership Broken Arrow
210 North Main Street, Ste. C, Broken Arrow OK 74013**

If you submitted your application prior to August 1, and have not heard from us by Aug. 5, please contact the Broken Arrow Chamber at 918-251-1518 to confirm receipt of your application. If application was submitted after Aug 1, you should hear back within 5 business days.