

## 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 E-MAIL

HOME ADDRESS CITY STATE ZIP

CELL PHONE NUMBER PERSONAL E-MAIL

EMERGENCY CONTACT PHONE ALTERNATE PHONE

PRIMARY EMAIL FOR LBA COMMUNICATION: \_\_\_\_\_

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

Polo Shirt Size: \_\_\_\_\_

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 2020-2021 is \$700. **Applicant/business will be invoiced upon acceptance.** Payment is due by **August 21, 2020**, (Tuition is non-refundable). If payment is not received by this date, the participant will not move forward with the class.

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 Kickoff 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 Kickoff Session will be Friday, August 28 from 8:00 A.M. to 5:00 P.M. 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:

<input type="checkbox"/> Session 1: Thurs, Sept 10, 2020	<input type="checkbox"/> Session 4: Thurs, Dec 10, 2020	<input type="checkbox"/> Session 7: Thurs, March 10, 2021
<input type="checkbox"/> Session 2: Thurs, Oct 8, 2020	<input type="checkbox"/> Session 5: Thurs, Jan 14, 2021	<input type="checkbox"/> Session 8: Thurs, Apr 14, 2021
<input type="checkbox"/> Session 3: Thurs, Nov 12, 2020	<input type="checkbox"/> Session 6: Thurs, Feb 11, 2021	<input type="checkbox"/> Session 9: Thurs, May 12, 2021

**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

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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    ☐ Non-Profit    ☐ Education    ☐ Government    ☐ Health Care    ☐ Insurance  
☐ Legal    ☐ Media/Communications    ☐ Public Safety    ☐ Religion    ☐ Social Services    ☐ Manufacturing  
☐ Retired    ☐ Other \_\_\_\_\_

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

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Indicate your involvement in professional or business associations.

NAME OF ORGANIZATION	DATES OF MEMBERSHIP	LEADERSHIP ROLE
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Awards for Leadership Activities

Cite special honors or awards for Leadership.

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## 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

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

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## LBA Program Participation

Describe your motivation to participate in LBA.

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

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Describe one skill, knowledge, professional or technical expertise that could be helpful to LBA 2021.

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## Applicant's Agreement

I hereby give LBA's selection committee permission to verify any of the above information. An interview may be conducted by Leadership Broken Arrow Alumni as part of the application process. LBA is an equal opportunity program. Race, gender, creed, national origin, sexual orientation, 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**\_\_\_\_\_.

***By attending this program, you are acknowledging the awareness of the COVID -19 pandemic and related governmental orders, directives, and guidelines (collectively "directives"), including directives for frequent hand washing, social distancing, and use of face masks in public locations when appropriate. Additionally, you are acknowledging the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by entering the premises of or engaging in services offered by the Broken Arrow Chamber of Commerce. You acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and death.***

X  
\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Mail or Email Completed Application to:  
Broken Arrow Chamber of Commerce  
Leadership Broken Arrow  
210 North Main Street, Ste. C, Broken Arrow OK 74012  
Email Application to: [lori.lewis@bachamber.com](mailto:lori.lewis@bachamber.com)

If you submitted your application prior to August 3, and have not heard from us by Aug. 7, please contact the Broken Arrow Chamber at 918-893-2115 to confirm receipt of your application. If application was submitted after Aug 3, you should hear back within 5 business days.