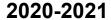




Contact Information (Please Print) LAST NAME **FIRST** PREFERRED FIRST NAME MIDDLE NAME OF EMPLOYER/ORGANIZATION JOB TITLE WORK ADDRESS CITY ZIP STATE **WORK PHONE WORK E-MAIL** HOME ADDRESS STATE ZIP CITY **CELL PHONE NUMBER** PERSONAL E-MAIL **EMERGENCY CONTACT** ALTERNATE PHONE PHONE PRIMARY EMAIL 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:

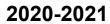




Commitment

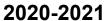
To graduate from LBA, you must attend a minimum of eight monthly sessions (90%) and the Kickoff Session. We meet one day each month from September through May. Sessions will begin at 8:00 am and end by 4:30 pm. The Kickoff Session will be Friday, August 28 from 8:00 A.M. to 5:00 P.M. and is MANDATORY! Plan to commit the entire day. Please be sure that your employer understands your commitment.

Please check any date that	you are <u>NOT</u> available	to attend LBA:		
Session 1: Thurs, Sept 5Session 2: Thurs, Oct 8Session 3: Thurs, Nov 1	2020 Session	n 4: Thurs, Dec 10, 202 n 5: Thurs, Jan 14, 202 n 6: Thurs, Feb 11, 202	1 Session 8: Thu	rs, March 10, 2021 rs, Apr 14, 2021 rs, May 12, 2021
IMPORTANT: If a session n	eeds to be cancelled d	ue to weather, we will	try reschedule for the f	ollowing Thursday.
LBA does require volunteer h	ours outside of day sess	sions. These will be we	ekend and evening hours	. (approx. 20 hours)
Are you willing and able to co	mmit the time required t	o fully participate in the	LBA program this year?	
LBA is a program designed to board meetings. Are you willYESNO				nding local, non-profit
Will you agree to continued sYESNO	ervice to the community	through volunteer activ	ities following this progran	m year?
Business / Organiz	zation Agreemer	nt		
Each candidate for the Leade business or organization. Th candidate's participation in LI all LBA participants (see co	e signature of your supe BA. By signing below	rvisor/sponsor is neces the supervisor agrees	sary as an indication of s	upport for the
SIGNATURE OF SUPERVISOR	/SPONSOR	TITLE	ADDRESS	
PRINTED NAME OF SUPERVIS	OR			
If applicable, list the name and ti	de of applicant's immediat	e supervisor, if different from	om above.	
PRINTED NAME		TITLE		
Contact person / address to (Is PO required?Yes		ce required?YesN	No)	
NAME	JOB TITLE	DEPARTME	NT	PHONE
ADDRESS	CITY	,	STATE	ZIP





Employm	nent / Professional Growth
Category of Em	iployment:
Banking	Non-ProfitEducationGovernmentHealth CareInsurance
Legal	Media/CommunicationsPublic SafetyReligionSocial ServicesManufacturing
Retired	Other
What do you fo	eel is your highest leadership contribution to date in your business/professional career?
	nvolvement in professional or business associations.
NAME OF ORG	GANIZATION DATES OF MEMBERSHIP LEADERSHIP ROLE
Awards f	or Leadership Activities
Cite special ho	onors or awards for Leadership.

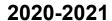




Community Involvement / Leadership

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 co	ommunity involvement had a positive imp	act.
LBA Program Participation		
Describe your motivation to participa	ate in LBA.	
What one thing in Broken Arrow woเ	ıld you build on or change?	
Jescribe one skill, knowledge, profe	ssional or technical expertise that could l	be helpful to LBA 2021.





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 <u>do not want</u> 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

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.