

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

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 2009 is \$450.00 if your application is received prior to June 15, 2008 the 2007 Program fee of \$375.00 will be charged. Applicant/business will be invoiced upon acceptance. Payment is due by August 25, 2008, (Tuition is non-refundable). For Business/Organizations that have two or more applicant's accepted, program fee is \$375.00 per person.

Program Fees will be paid: Personally By employer I would like to donate to LBA, please contact me.
 I would like to donate to LBA, please invoice me/my employer this amount _____.

*Any special Dietary requirements, please explain: _____

Commitment

To graduate from LBA, you must attend a minimum of eight sessions (90%). One day each month September-May. Sessions begin at 8:00 am and end by 3:00 pm. There may be 1-2 sessions that will require a full afternoon, you will be given advanced notice.

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

Session 1: Thursday, Sept. 11, 2008 Session 4: Thursday, Dec. 11, 2008 Session 7: Thursday, Mar. 12, 2009

Session 2: Thursday, Oct. 09, 2008 Session 5: Thursday, Jan. 08, 2009 Session 8: Thursday, Apr. 9, 2009

Session 3: Thursday, Nov. 13, 2008 Session 6: Thursday, Feb. 12, 2009 Session 9: Thursday, May 14, 2009

Are you willing and able to commit the time and energy required to fully participate in the program for this year?
 YES NO

LBA provides a unique opportunity to participate on a non-profit board. Are you willing to serve on a non-profit board this year?
 YES NO

There will be a class project that will require 100% participation from the class. Are you willing to participate?
 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.

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

Education

Provide information about your education.

SCHOOL	CITY	FROM YR. TO YR.	DEGREE	MAJOR

Cite extracurricular activities and special honors or awards you have received:

Community Involvement / Leadership

Provide information about your community volunteer service. List your civic, social service, religious and/or other not-for-profit organizations 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 2009.

LBA Program Participation cont'd.

Share one interesting fact about yourself. If you are selected for LBA 2009, 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

Please fax this form to: Cheryl Packard at 918-251-1777

Or mail to:

**Chamber of Commerce
Leadership Broken Arrow
123 North Main Street, Broken Arrow OK 74012**