



## Leadership Tahlequah Class 23 Application

### BIOGRAPHICAL INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Best Contact E-Mail Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Number of Years in Tahlequah: \_\_\_\_\_  
Spouse Name (If Applicable): \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Allergies: \_\_\_\_\_

### OCCUPATION/VOCATION INFORMATION

Employer: \_\_\_\_\_  
Title: \_\_\_\_\_ Employed Since: \_\_\_\_\_  
Address: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Business E-Mail Address: \_\_\_\_\_  
Previous Employers (List last two/title/dates employed):  
1. \_\_\_\_\_  
2. \_\_\_\_\_

### EDUCATION

High School/Location/Year Graduated: \_\_\_\_\_  
College/Location/Degree/Major: \_\_\_\_\_  
College/Location/Degree/Major: \_\_\_\_\_

### COMMUNITY INVOLVEMENT

Please list volunteer activities in which you are currently involved. (If additional space is needed, attach additional page – labeled, "Community Involvement")

Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Responsibility/Achievements: \_\_\_\_\_  
Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
Responsibility/Achievements: \_\_\_\_\_

What would you consider your most important accomplishment in one of these organizations? Why?

\_\_\_\_\_

Please list, in order of importance to you, up to three other civic, professional, business, religious, social, community, athletic, or other organization of which you are or *have been* a member.

Organization: \_\_\_\_\_ Date of Membership: \_\_\_\_\_  
Responsibility/Achievements: \_\_\_\_\_  
Organization: \_\_\_\_\_ Date of Membership: \_\_\_\_\_  
Responsibility/Achievements: \_\_\_\_\_

### PROFESSIONAL ACTIVITIES

Please list any professional/vocational organizations in which you have been active (do not include civic organizations, public office, or political activity).

Organization: \_\_\_\_\_ Date of Membership: \_\_\_\_\_  
Responsibility/Achievements: \_\_\_\_\_  
Organization: \_\_\_\_\_ Date of Membership: \_\_\_\_\_  
Responsibility/Achievements: \_\_\_\_\_

COMMITMENT

Please initial by each statement

1. To graduate from Leadership Tahlequah, I understand that attendance at all sessions is required. \_\_\_\_\_
2. Sessions begin as early as 7 a.m. and end normally by 4 p.m. unless otherwise notified. One overnight session is planned. \_\_\_\_\_
3. Tuition for Leadership Tahlequah participant is \$495. Payment is due with application. \_\_\_\_\_
4. Once the application and fee have been processed, no further refunds will be given. \_\_\_\_\_
5. Deadline for application and payment is August 9, 2019. \_\_\_\_\_
6. Additional sessions may be required to plan and implement class project. Sessions will be determined by class. \_\_\_\_\_
7. Upon the second absence, the class member will voluntarily resign (by letter) from the class and forfeit any tuition remaining. \_\_\_\_\_
8. Class members must attend the entire session. \_\_\_\_\_
9. Changes to the class schedule are possible. Changes will be communicated at the earliest possible time. \_\_\_\_\_
10. All absences must be reported to the President of the Chamber of Commerce with ample notification unless in the event of an emergency. Absences must be approved by the Leadership Steering Committee. \_\_\_\_\_

*I understand the mission of the Chamber of Commerce Leadership Tahlequah Program and will devote the time necessary to optimize my participation. I will be supportive of my class and fellow class members.*

*If appropriate, I have received approval and the consent of my employer to participate in Leadership Tahlequah Class 23 2019-2020.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

EMPLOYER UNDERSTANDING AND CONSENT

This candidate has my full support to participate in the 2019-2020 Tahlequah Area Chamber of Commerce - Leadership Tahlequah Class 23. I am aware of the time commitment involved in his/her effective participation, as well as the financial obligation. *(Should be signed by the owner or CEO, if other than the applicant.)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Office Use Only

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

**NOTE: ALL APPLICANTS MUST PROVIDE ONE LETTER OF RECOMMENDATION**