



**Ada Area Chamber of Commerce  
Leadership YOUiversity XII  
Application**

Name (First)      (Middle)      (Last)

Business Name and Address

Business Phone

Cell Phone

Job Title

E-mail Address

How many years have you been employed by your employer? \_\_\_\_\_ years

**Please provide a brief description of your Job Duties and Responsibilities:**

---



---



---

**What do you hope to learn from attending Leadership YOUiversity?**

---



---



---

**What is your Vision for your career over the next 5 years?**

---

---

---

**What do you believe is a critical skill that you will need in order to reach your career goal(s)?**

---

---

---

**Education** (List schools attending and any degrees received)

High School \_\_\_\_\_

College \_\_\_\_\_

Degree \_\_\_\_\_

Trade School \_\_\_\_\_ Certified    YES    NO

**Hobbies and Interests**

---

**Family Information** (Spouse, children, pets, etc.)

---

---

**Commitment**

Leadership YOUiversity consists of five full day sessions (approximately 8:30am to 4:30pm), and one half day session. Attendance is mandatory for successful completion of the program. Absence from more than one full session (or the accumulation of partial sessions that equals one full session) will make the participant ineligible for class graduation.

**Leadership YOUiversity XII Dates for 2019**

- January 8<sup>th</sup>
- February 12<sup>th</sup>
- March 11<sup>th</sup>
- April 8<sup>th</sup>
- May 13<sup>th</sup>
- May 28<sup>th</sup> – Graduation

**Application Instructions.**

All applications must be printed legibly or typed.  
Please complete each section.  
The application must be signed by both the candidate and the employer.

**Leadership YOUiversity XII Agreement.**

I have applied to participate in Leadership YOUiversity. As a participant in the program, I understand, acknowledge and agree:

- To have obtained my supervisor's approval for submission of this application and payment of the program \$525 fee.
- To devote the time necessary to complete the program.
- That absence from more than one session or from an accumulation of partial sessions equally more than one session will make me ineligible for graduation.
- My participation in the program is voluntary, and I assume all risk with my participation in the activities.
- To waive any claim or cause of action that I might have against the Ada Area Chamber of Commerce and its officers, directors, employees and agents, by reason of any damage, loss, or injury I might suffer by reason of my participation in the program.
- To indemnify the Ada Area Chamber of Commerce and its officers, directors, employees, and agents, by reason of any damage, loss or injury I might cause to others by reason of my participation in the program.
- Not to sue the Ada Area Chamber of Commerce, its officers, directors, employees or agents and release them and hold them harmless from any liability they may have to me arising from my participation in the program.
- Tuition is not refundable once program begins. If you leave your current employment, it will be up to your previous employer for your continuation in the program.

Applicants Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisors (employers) Signature \_\_\_\_\_

Date \_\_\_\_\_

***By signing, the employer understands the attendance requirements for completing Leadership YOUiversity.***

In order to be considered for Leadership YOUiversity, applicants must complete all items listed on this form. Please review carefully for any omissions before submitting. All applications are considered confidential.

Depending on the number of applicants received, the number accepted into the program from each organization may be limited. The Application must be received by the Ada Area Chamber of Commerce no later than 5:00pm CST, **December 6, 2019.**

Checks should be made payable to the Ada Area Chamber of Commerce in the amount of **\$525.00**

Visa and MasterCard is also accepted.

Enclosed is a \_\_\_\_\_ check or \_\_\_\_\_ credit card information.

Visa\_\_\_\_\_ MC\_\_\_\_\_ Name on Card\_\_\_\_\_

Card #\_\_\_\_\_ Expiration date\_\_\_\_\_ CCV\_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature)

**If you were referred by a previous Leadership YOUiversity graduate, please provide their name:**

**Referred by:** \_\_\_\_\_  
(Name) (Employer)

**Return the completed application to**

**Shana Wood – [swood@adachamber.com](mailto:swood@adachamber.com) or mail to:**

**Ada Area Chamber of Commerce  
C/O Leadership YOUiversity  
P.O. Box 248  
Ada, OK 74821**