



**Ada Area Chamber of Commerce
Leadership YOUiversity XIII
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 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 2022

January 12th
February 9th
March 9th
April 13th
May 11th
May TBD

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 XIII 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.
- 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.

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, **November 30, 2021.**

TUITION COST:

Ada Area Chamber of Commerce Member - \$525

Non-Member - \$650

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 or mail to:

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