

LEADERSHIP BUFFALO ESSENTIALS (LBE) APPLICATION

Applications must be submitted to supervisor/employer who will then mail to the LB office. Applications must be signed by the candidate and candidate's employer/financial sponsor.

Applications must be received by January 17, 2020 to be considered for the 2020 program year. Incomplete applications will not be considered.

PLEASE NOTE: Applications do not guarantee acceptance as a limited number of candidates are selected each year.

PERSONAL DATA

□ Other

Name:	Date of Birth:
Employer:	
Business Address:	
Business Phone:	Business E-Mail:
ngth of time at current job:Number of Employees:	
Home Address:	
Cell Phone:	Home E-Mail:
How long have you lived in Buffalo?	
Highest Education Level:	Please check all that apply (optional):
□ High School	□ African-American
□ 2-year Degree	□ Asian
□ 4-year Degree	□ Caucasian
□ Master's Degree	□ Hispanic
□ PhD	□ Native American
□ CPA	□ Other
□ Juris Doctor	

PROFESSIONAL EXPERIENCE

Please briefly describe your job position and duties	Please briefl	y describe :	your job	position	and duties
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ist three of your perceived strengths (example: organization, conflict resolution, communication):	
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2	
3	
<u>REFERENCES</u>	
ist one reference and include one letter of reference with your application. Reference letters mus eceived with application by January 17, 2020. You may email these to althea@leadershipbuffalo.org	
1. Name Phone	
Title/Organization	
What is your relationship to this individual?	
How long have you known this individual?	
COMMUNITY INVOLVEMENT	
Please list up to four volunteer or community organizations in which you are currently workin olunteering with or have in the past.	g o
Organization and Position/Responsibility	
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Please answer	the following questions.	May be submitted as	an attachment.

1.	Leadership Buffalo's values are Service, Diversity, Inclusion, and Openness to Change. Please describe how you think you exemplify one of these values in your daily life.	;
2.	Describe an experience in which you have had to deal with diverse individuals, and how their uniq and different perspectives altered the manner in which you managed the interaction. This can something in your professional or personal life.	

3. Please share your thoughts on what you perceive to be the biggest challenge facing us in WNY to	day.
Please share your thoughts on what you receive to be the greatest success we have seen in WN date.	IY to
5. Please share a personal/professional experience you are most proud of and why.	
6. Please share something personal about yourself that would help us better understand who you are	€.

COMMITMENT

ATTENDANCE/PARTICIPATION: Full attendance at all six day sessions (12:00 pm – 4:00 pm). Please note day sessions will be on the following days: February 3rd, February 19th, March 5th, April 6th, May 8th, and June 2nd. Your employer has agreed to provide you the adequate time away from your job to participate in this program.

TUITION

Tuition for the LBE Program will be covered by your employer.

SIGNATURES

CANDIDATE: I understand the goals and commitments of the Leadership Buffalo program. If selected, I am willing to devote the time necessary to be a contributing member of the Leadership Buffalo Essentials Class.

Candidate Signature
EMPLOYER: I agree to allow my employee to devote the time necessary to be an active, contributing member of the Leadership Buffalo Essentials Class.
Employer Signature
Employer Name (please print)

Please submit application to:
Leadership Buffalo, Inc.
500 Seneca Street, Suite 304
Buffalo NY 14204
or email to lb@leadershipbuffalo.org