

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 August 9, 2019 to be considered for the 2019 program year. Incomplete applications will not be considered. Applicants will be notified of their status no later than August 16, 2019.

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

PERSONAL DATA

Name:	Date of Birth:	
Employer:	Title:	
Business Address:		
Business Phone:	Business E-Mail:	
Length of time at current job:	Number of Employees:	
Home Address:		
	Home E-Mail:	
How long have you lived in Buffalo?		
Please list any food allergies:		
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		
Other		

PROFESSIONAL EXPERIENCE

Please briefly	describe v	vour iob	position	and dutie	S.

List three	of your perceived strengths (example: organization, conflict resolution, communication):
1.	
3	
REFERE	NCES NCES
	reference and include one letter of reference with your application. Reference letters must be with application. You may email these to althea@leadershipbuffalo.org .
1. N	ame Phone
Ti	tle/Organization
W	/hat is your relationship to this individual?
Н	ow long have you known this individual?
<u>COMMUI</u>	NITY INVOLVEMENT
	st up to four volunteer or community organizations in which you are currently working or ing with or have in the past.
Organiza	ation and Position/Responsibility
1	
2	
4	

Please answer the following	questions.	May be submitted as a	n 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 unique and different perspectives altered the manner in which you managed the interaction. This can be 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 refer to the website for program dates. 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