



LEADERSHIP BUFFALO ESSENTIALS (LBE) INFORMATION FORM

Forms must be received by August 2, 2019 to be considered for the 2019 program year. Incomplete forms will not be considered.

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: _____

Cell Phone: _____ Home E-Mail: _____

How long have you lived in Buffalo? _____

Please list any food allergies: _____

Highest Education Level:

- High School
- 2-year Degree
- 4-year Degree
- Master's Degree
- PhD
- CPA
- Juris Doctor
- Other

Please check all that apply (optional):

- African-American
- Asian
- Caucasian
- Hispanic
- Native American
- Other

PROFESSIONAL EXPERIENCE

Please briefly describe your job position and duties.

List three of your perceived strengths (example: organization, conflict resolution, communication):

- 1. _____
- 2. _____
- 3. _____

COMMUNITY INVOLVEMENT

Please list up to four volunteer or community organizations in which you are currently working or volunteering with or have in the past.

Organization and Position/Responsibility

- 1. _____
- 2. _____
- 3. _____
- 4. _____

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 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 today.

4. Please share your thoughts on what you receive to be the greatest success we have seen in WNY to date.

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 (8:00 a.m. – 12:00 p.m.). Please refer to the website for program dates (www.leadershipbuffalo.org/cityyear). 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. 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 form to:
Leadership Buffalo, Inc.
500 Seneca Street, Suite 304
Buffalo NY 14204
or email to lb@leadershipbuffalo.org