



222 Mulberry Street • P.O. Box 431 • Scranton, PA 18501-0431
570-342-7711 (T) • 570-347-6262 (F) • www.leadershiplackawanna.com

COMPLETED APPLICATION, PROCESSING FEE AND ALL ADDITIONAL MATERIAL(S) MUST BE RECEIVED BY APRIL 30, 2017 at 4:00PM

CRITERIA & INSTRUCTIONS

- Thoroughly complete every section. Limit your answers to the space provided, but if necessary, continue your responses on plain white paper and attach. Do not leave a section incomplete.
- Your resume must accompany the application.
- Leadership Lackawanna has a competitive selection process and due to space limitations, not all applicants can be selected. Completion of the application does not ensure acceptance. The Selection Committee will review all applications and assess candidate's leadership potential, place of residence/work, volunteer experiences, communication skills and other factors, including an interview.
- The quality and appearance of the application and materials are taken into consideration. Incomplete information, blank sections, or missing materials may negatively affect your application's review.
- Candidates will be asked to participate in an interview. All interviews will be conducted at Leadership Lackawanna (inside the Greater Scranton Chamber of Commerce Building), 222 Mulberry Street, Scranton, PA in mid-May.
- All applicants will be notified of the Selection Committee's decisions in early June.
- The candidate must either live in or work in Lackawanna County. Individuals who do not live or work in Lackawanna County will be considered, if availability permits.
- Multiple applications from the same company will be considered based on availability.
- The cost of the Leadership Lackawanna Core Program is \$1,350. A non-refundable \$25 processing fee (payable to Leadership Lackawanna) must accompany the application.
- A tuition deposit of \$500 is required upon acceptance into the program. The remaining tuition balance must be paid within 30 days from the start of the program UNLESS a written request regarding special payment is submitted to Leadership Lackawanna upon acceptance into the program. Leadership Lackawanna has sole discretion to accept or decline such request.
- Individuals who discontinue or who are dismissed from the program will not receive a refund.
- Questions? Contact Nicole A. Morristell at 570-342-7711 or nmorristell@scrantonchamber.com.

APPLICATION CHECKLIST

Please use this checklist to complete your application. Note that several sections require signatures.

- Read Criteria & Instructions.
- Complete the following sections:
 - 1. Personal Data
 - 2. Professional Involvement
 - 3. Community Involvement
 - 4. Leadership
 - 5. Tuition and Scholarships
 - 6. Release and Assumption of Risk Agreement (*signature required*)
 - 7. Participant's Commitment/Media Release (*signature required*)
 - 8. Sponsor's Commitment (*signature required*)
- Enclose resume with application.
- Enclose a check or money order made payable to Leadership Lackawanna in the amount of \$25.
- Mail or hand deliver completed application, resume, and processing fee to:

Leadership Lackawanna
222 Mulberry Street
P.O. Box 431
Scranton, PA 18501-0431
570-342-7711

REMINDER: DEADLINE IS APRIL 30, 2017 at 4:00PM

LEADERSHIP LACKAWANNA CORE PROGRAM CLASS of 2018 APPLICATION

1. PERSONAL DATA

Name: _____ T-Shirt Size: _____

Formal Name: _____
(as you would like it to appear in listings and on official documents)

Nickname: _____ Age (optional): 20-30 30-40 40-50 50+

Home Address: _____

Home Address: _____

of years lived in Lackawanna Cty: _____ # of years worked in Lackawanna Cty: _____

Have you previously applied to Leadership Lackawanna? Yes No If yes, when _____

How did you learn about Leadership Lackawanna? *(check all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Email | <input type="checkbox"/> Media advertisement |
| <input type="checkbox"/> LL Alumni | <input type="checkbox"/> Website | <input type="checkbox"/> Brochure/Flyer |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Direct mailing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chamber/Leadership staff | <input type="checkbox"/> Word of mouth | |

Were you referred to LL by someone? Yes No If so, whom? _____

What is the best and most preferred way to contact you? Please provide a phone number and email address.

Phone: () _____ Email: _____

2. PROFESSIONAL INVOLVEMENT

Employer/Organization: _____

Title/Position: _____

Address: _____

Address: _____

List business and/or professional affiliations and organizations. List positions held.

List any business and/or professional awards/honors. _____

Indicate a professional goal that you have yet to accomplish. _____

3. COMMUNITY INVOLVEMENT

List community, religious, governmental, social and/or athletic activities. List positions held.

List any community, religious, governmental, social and/or athletic activities awards/honors.

Describe the type(s) of community activities in which you would like to become involved.

4. LEADERSHIP

Describe a project or activity - professionally or personally - that you initiated or directed. Describe your role.

One of the goals of the Leadership Lackawanna Core Program is to build a corps of community leaders that can utilize its talents and problem-solving abilities through shared perspectives and networking. Indicate what you hope to accomplish through your participation.

5. TUITION AND SCHOLARSHIPS

Tuition for the Leadership Lackawanna Core Program is \$1,350. A non-refundable \$25 processing fee (payable to Leadership Lackawanna) must accompany the application. A tuition deposit of \$500 is required upon acceptance into the program. The remaining tuition balance must be paid within 30 days from the start of the program UNLESS a written request regarding special payment is submitted to Leadership Lackawanna upon acceptance into the program. Leadership Lackawanna has sole discretion to accept or decline such request. Individuals who discontinue or who are dismissed from the program will not receive a refund.

Partial scholarships are available on a limited basis to qualifying participants. Multiple scholarship requests, from applicants from the same company, will be considered based on availability. If you are in need of tuition assistance, please indicate the amount and explain the reason. Note: scholarships cannot be applied toward the processing fee or deposit.

Amount Requested: _____

6. RELEASE AND ASSUMPTION OF RISK AGREEMENT

Thank you for agreeing to serve as a volunteer for the Greater Scranton Chamber of Commerce (GSCC) and/or one of its affiliated organizations, including but not limited to: Scranton Lackawanna Industrial Building Company, MetroAction, Skills in Scranton, Lackawanna Industrial Fund Enterprises, The Scranton Plan and Leadership Lackawanna. During your volunteer activities with GSCC, if serious injury should occur that requires emergency medical assistance, you are required to report the incident to your health insurance provider first. Volunteer accident insurance from Accident & Health, a division of Chartis, Inc. will cover additional medical expenses beyond your own coverage benefits. Accident & Health will serve as your primary coverage in the event that you do not have health/medical coverage of your own.

WAIVER OF LIABILITY

I acknowledge that I or my dependent(s) have voluntarily applied to participate with GSCC on any of its projects without pay as a volunteer and agree that we are assuming the risk of injury or loss of life by participating.

I or my dependent(s) understand that I/they am/are voluntarily participating in various individual and group activities related to the mission of the GSCC. These activities include, but are not limited to the handling of power tools, climbing ladders, loading and unloading materials, painting and other related activities. This release is intended to be broad in its effect. I hereby agree to accept any and all risk of injury, illness or death and verify this statement by placing my signature below.

As consideration for being permitted to participate in these activities, I, on behalf of myself, my heirs, legal guardians, representatives and dependents, hereby irrevocably and unconditionally waive, release and forever discharge GSCC, its officers, directors, agents and representatives from any and all claims, demands, causes of action, damages, actions, judgments, liens, losses, costs, attorney's fees and legal expenses or liabilities of any nature (including injury to and/or death of the participant), whether negligent or intentional, resulting from participation by me or my dependents in said activities.

I hereby grant and convey unto GSCC and its affiliates all rights, titles and interests in any and all photographic images and video or audio records made by GSCC during volunteer activities with GSCC, including, but not limited to, any royalties, proceeds, or any other benefits derived from such photographs or recordings of me and/or my dependents.

I or my dependent(s) have carefully read this assumption of risk agreement and fully understand its contents. I am aware that this is a release of liability and a legal contract between GSCC and me and my dependents that affects my/our legal rights. I am signing this document of my own free will.

Applicant's Name (*PLEASE PRINT*): _____

Applicant's Signature: _____ Date: _____

CONTACT INFORMATION IN CASE OF EMERGENCY:

Name: _____

Relationship: _____ Phone: _____

7. PARTICIPANT'S COMMITMENT/MEDIA RELEASE

I understand the mission and goals of Leadership Lackawanna. I understand the time commitment required of me as a Leadership Lackawanna Core Program participant. If selected, I commit to attend all monthly sessions and I fully understand that should I miss more than two sessions, for whatever reason, I may be dismissed from the program with no portion of my tuition refunded. I understand that I will be required to work on and complete a group project. I am willing to devote my time and energy to the sessions, my project and the program as a whole. I understand that successful follow-through of these commitments is dependent upon completion of the program. I further understand that this is a competitive selection process and due to space limitations, not all applicants can be selected.

I, being of legal age, hereby consent, that my name, image, and likeness, as shown in the videotapes, photographs, film, recordings, electronic images, plates, tapes and software in which I appear, and/or audio recording made of my voice may be used by Leadership Lackawanna, its assigns or successors, in whatever way they desire. Furthermore, I hereby consent that such shall be the property of Leadership Lackawanna, and they shall have the right to sell, duplicate, reproduce and make other uses of such videotapes, photographs, film, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

My signature indicates I understand the above commitments and agree to uphold them to the best of my ability.

Applicant's Signature

Date

8. SPONSOR'S COMMITMENT (To be completed - unless self-nominated)

A nominee for the Leadership Lackawanna Core Program must have the support and commitment of his/her employer, as well as his/her sponsoring organization (if different). The signatures of the employer and/or sponsoring organization (where appropriate) are required as an indication that the employer and/or sponsoring organization is/are in complete support of the nominee's participation. Please indicate the support of the employer and/or sponsoring organization by checking the appropriate box(es). Financial support indicates willingness to pay the applicant's tuition. Release time support indicates willingness to provide the applicant with time off from work, once a month, to attend all ten, full-day sessions.

EMPLOYER (If applicable)

Will Commit to: **Financial Support** **Release Time Support** (check all that apply)

Employer: _____

Address: _____

Approving Officer Name and Title (PLEASE PRINT): _____

Approving Officer Signature: _____ Date: _____

SPONSORING ORGANIZATION (If applicable)

Will Commit to: **Financial Support** **Release Time Support** (check all that apply)

Organization: _____

Address: _____

Approving Officer Name and Title (PLEASE PRINT): _____

Approving Officer Signature: _____ Date: _____