



# Ormond Beach Leadership Program Registration Form

Application Deadline: **March 8, 2019** (Limited space - 30 applicants)

Reserve These Dates on Your Calendar Now:

Session I	March 30, 2019	8:00 am – 1:00 pm	Reaction Course	Central Park
Session II	April 4, 2019	11:30 am – 5:30 pm	Introduction	Casements
Session III	April 11, 2019	7:30 am – 1:30 pm	City Government	Ormond Beach City Hall
Session IV	April 18, 2019	7:30 am – 1:30 pm	Health / Wellness	Florida Hospital Cancer Institute /Advent Health
Session V	April 25, 2019	8:30am – 1:00 pm	Historical Tour	Casements
Session VI	May 2, 2019	8:00 am – 1:30 pm	Economics	Command Medical
Session VII	May 9, 2019	8:00 am – 1:30 pm	Non-Profits	TBD
Session VIII	May 16, 2019	8:00 am - 1:30 pm	Public Safety	TBD
Session XIX	May 23, 2019	12:30 pm – 5:30 pm	Graduation Day	Ormond Performing Arts Center
		5:30 pm – 7:00 pm	Graduation Cocktail Hour with Hors d’oeuvres	

**PERSONAL:** Please type or print your enrollment form. All forms are confidential.

Name: \_\_\_\_\_ Name on Name Badge if different: \_\_\_\_\_

Years in Ormond Beach Area: \_\_\_\_\_ Where were you born? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Any physical limitations, food allergies or restrictions? If so please describe:

**EMPLOYMENT:**

Present Employer: \_\_\_\_\_ Date Began: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Title/Position: \_\_\_\_\_

**EDUCATION:**

Name of School	City/State	Degree/Major	Dates

**Significant Professional, Civic, Faith-Based, Academic, and /or Social Affiliations, Awards, Honors:**

Organization:	Position Held/Honors Received:	Dates:

Hobbies, Special Interests: \_\_\_\_\_

Describe your most significant volunteer activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL:**

What would you like to learn most about? Please rank in order of importance, i.e. 1 being most important:

\_\_\_\_ Crime \_\_\_\_ Education \_\_\_\_ Environment \_\_\_\_ Government Regulations \_\_\_\_ Leadership Development  
\_\_\_\_ Transportation \_\_\_\_ Taxation \_\_\_\_ Economic Prosperity \_\_\_\_ Workforce Development \_\_\_\_ Ormond  
Beach History \_\_\_\_ Other

Describe any particular skill, knowledge, professional or technical expertise you possess that could be helpful to the class: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you expect to use your Ormond Leadership experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENROLLMENT AGREEMENT:**

It is my responsibility to clear my calendar for the appropriate dates. I commit to attend **ALL** sessions to receive my graduation diploma. I also agree to participate in the Leadership Community Class Project. The project will take no more than one day to complete and should be completed prior to graduation. Program tuition is due at the time application is submitted. Tuition is refundable only if cancelled prior to 10 days of the start of the program.

**ENDORSEMENT LETTER:**

This requirement is a message of support from your key supporter at your place of employment, a colleague or peer, and/or the individual sponsoring you for this program. This letter should include their recommendation of you for participation in this program and include what they hope you will achieve in this class and what they feel you can add to the class. They may be specific in areas that they feel you could benefit from, i.e., presentation skills, leadership, public speaking, project management, community involvement, organizational development, board development and general business knowledge.

**WAIVER OF LIABILITY: READ CAREFULLY BEFORE SIGNING**

In consideration for the acceptance of my entry into the Ormond Beach Leadership Program, I, or my heirs, executors and administrators, release and forever discharge the Ormond Beach Chamber of Commerce; the city, county, state or district where all Ormond Beach Leadership Program events are held; and all sponsors, producers, their agents, representatives, successors and assigns of all liabilities, claims, actions, damages, costs, or expenses which I may have against them arising out of or in any way connected with my participation in the Ormond Beach Leadership Program, including travel to or from all events related to the Ormond Beach Leadership Program, and including injuries which may be suffered by me before, during or after all events related to the Ormond Beach

Leadership Program. I further release all aforementioned personnel and entities from any claim whatsoever on account of first aid, treatments or services rendered during participation in any activities related to the Ormond Beach Leadership Program. I understand that this waiver includes any claims based on negligence, action, or inaction of any of the above parties. This wavier contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Tuition: **OBCC Member: \$375.00 ~ Non-Member: \$475.00**

Tuition includes: Continental Breakfasts, Lunches, Program Notebook, Bus Tour, Graduate Diploma & Pin, Graduation Reception, and 8 x 10 Color Class Photo, and Polo Shirt( please indicate size below).

Size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ X Large \_\_\_ 2XL

Make checks payable to: Ormond Beach Chamber of Commerce \_\_\_\_\_ Check \_\_\_\_\_ Cash

Bill my: \_\_\_\_\_ VISA \_\_\_\_\_ Master Card \_\_\_\_\_ American Express

Account No: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please FAX, mail, or email enrollment form: \*Fax: (386)677-4363 \*Email: ively@ormondchamber.com

**<http://www.ormondchamber.com/Leadership/Ormond-Beach-FL>**