



Leadership West Orange Application

PERSONAL INFORMATION

First Name	Last Name	Middle Initial	Preferred Name	
Home Address		City	State	Zip Code
Cell Phone Number	Home Phone Number	Personal Email		
Date of Birth	Gender	<input type="radio"/> Female <input type="radio"/> Male		
Emergency Contact	Telephone	<input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work		

WORK DETAILS

Employer	Title/Position
Business Phone	Work Email
Address	

Are you or your employer a member of the West Orange Chamber of Commerce? Yes No

Briefly describe what you consider your most rewarding career achievement to date?

SUPPLEMENTAL INFORMATION

Shirt Size S M L XL 2XL 3XL Other:

Do you have any dietary restrictions? No Yes **If yes, check the appropriate item or list details under Other.**
 Vegetarian Vegan Gluten-Free Kosher Halal Lactose Intolerant No Shellfish No Nuts
 Other:

What is your drink of choice? <input type="radio"/> Coke <input type="radio"/> Diet Soda <input type="radio"/> Sprite <input type="radio"/> Ginger Ale <input type="radio"/> Orange <input type="radio"/> Gator Aid <input type="radio"/> Water <input type="radio"/> Other (please list):	What type of snacks do you prefer? <input type="radio"/> Candy (non-chocolate) <input type="radio"/> Candy (chocolate) <input type="radio"/> Chips <input type="radio"/> Cookies <input type="radio"/> Kind Bars <input type="radio"/> Other (please list):
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MEDICAL INFORMATION

Are you able to perform essential functions for the class with or without accommodation? Yes No

If No, describe the function(s) that cannot be performed or requires accommodation.

The West Orange Foundation complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants who participate in the Leadership West Orange Program.

MEDICAL HISTORY

<input type="radio"/> Yes <input type="radio"/> No Asthma	<input type="radio"/> Yes <input type="radio"/> No Epilepsy	<input type="radio"/> Yes <input type="radio"/> No Back, Neck, Knee Issues
<input type="radio"/> Yes <input type="radio"/> No Broken Bones	<input type="radio"/> Yes <input type="radio"/> No Diabetes	<input type="radio"/> Yes <input type="radio"/> No Pregnant (Currently)
<input type="radio"/> Yes <input type="radio"/> No Heat Exhaustion	<input type="radio"/> Yes <input type="radio"/> No High Blood Pressure	<input type="radio"/> Yes <input type="radio"/> No Blacked Out
<input type="radio"/> Yes <input type="radio"/> No Chest Pains, Palpitations, or Heart Murmur	<input type="radio"/> Yes <input type="radio"/> No Heart Disease or Attack	

Check any of the following current allergies.

Poison Ivy Ants Pollen Bees Grass Medication Other

If checked, please explain any allergic reaction (treatment, prevention, consequences).



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PAYMENT AUTHORIZATION

Program Payment Amount	<input type="radio"/> \$1800 (Chamber Member)	<input type="radio"/> \$2400 (Non-Chamber Member)
Method of Payment	<input type="radio"/> Invoice Me	<input type="radio"/> Credit Card <i>(enter details below)</i>

Cardholder's Name		Card Number	
Expiration Date		CVV	Billing Zip Code

I authorize the West Orange Foundation to charge the credit card listed for the amount of \$_____ to cover the costs of the Leadership West Orange Program tuition.

Signature _____ Date _____

LEADERSHIP WEST ORANGE COMMITMENT PLEDGE

I hereby acknowledge that I have read the materials provided, and have cleared my calendar on the appropriate dates. Additionally, I agree to attend the Orientation Session and subsequent required class sessions. I understand this application signifies not only my agreement, but my commitment to completing the Leadership West Orange Program.

Signature _____ Date _____