

# Women Leading Broward Class VI

\* Required

1. **What is your full name? \***

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2. **Name of company \***

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3. **Current title \***

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4. **Phone number \***

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5. **Email address \***

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6. **Mailing address. Please note if home or business. \***

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7. **Have you been in a management position for at least 3 years? \***

*Mark only one oval.*

Yes

No

Other: \_\_\_\_\_

8. **Please describe your management role and responsibilities. \***

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9. **What is your biggest challenge in managing people? \***

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10. **What do you want to get out of the program professionally? \***

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11. **What do you want to get out of the program personally? \***

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12. **In order of importance, please rate: • Self-growth • Networking • Development of leadership skills \***

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13. **How long have you held your current position? \***

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14. **What is one of your PROFESSIONAL accomplishments of which you are most proud? \***

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15. **What is one of your PERSONAL accomplishments of which you are most proud? \***

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16. **Have you participated in any other Leadership Broward Foundation program? \***

*Mark only one oval.*

Yes

No

17. **Are you a graduate of Leadership Broward? \***

Yes or No. If yes, please add class number or year.

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18. **Can you confirm that you will be able to attend the orientation and five sessions? Orientation is January 10 from 5pm until 7pm. Program days are from 8:00am until noon. \***

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

19. **Please list your educational background \***

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20. **Please provide 2 references with whom you have worked or volunteered with in the past year. Please put name, email, phone number and relationship. \***

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21. **How did you learn about Women Leading Broward? \***

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