

LEADERSHIP ATOKA

Leadership Atoka is a 9-month leadership development program designed to connect, educate, and equip emerging and established leaders across the Atoka area.

APPLICANT INFORMATION

Full Name: _____

Preferred Name: _____

Email: _____

Phone: _____

EMPLOYMENT INFORMATION

Employer Name: _____

Job Title: _____

Length of Employment: _____

Employer Address: _____

BACKGROUND & INVOLVEMENT

List any community, civic, or professional organizations:

Have you participated in any leadership programs?

Yes No

If yes, please describe:

COMMITTMENT

- I can attend monthly sessions
- I can actively participate in program activities

TUITION

Program Cost: \$500 Chamber Member or \$750 Future Member

- Self-Pay
- Employer Sponsored
- Other _____



Building leaders. Strengthening community.

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PROGRAM EXPECTATIONS

Leadership Atoka is a 9-month commitment designed to provide a meaningful and engaging leadership experience. Participants are expected to fully commit to the program and actively engage throughout its duration.

Participants must:

- Attend all monthly sessions, held on the second Thursday of each month from 9:00 AM to 3:00 PM, beginning August 2026 through April 2027
- Actively participate in all sessions, discussions, and group activities
- Commit to volunteer service by assisting with at least one major local community event
- Attend one (1) City Council meeting
- Attend one (1) Chamber Board meeting
- Attend two (2) Chamber Membership Luncheons
- Maintain reliable transportation to and from all sessions and related activities
- Fully engage in the class Capstone Project, including participation in meetings and collaboration outside of scheduled Leadership Atoka sessions. Capstone Project will be presented at graduation

Participants who are unable to meet these expectations may not be eligible for graduation from the program.

AGREEMENT

I understand the expectations of Leadership Atoka and commit to participation if selected.

Signature: _____

Date: _____

EMPLOYER ACKNOWLEDGEMENT (if applicable)

Employer: _____

Supervisor Name: _____

Supervisor Email: _____

Signature: _____

Date: _____



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