



EASTERN
OREGON
BORDER
BOARD

RURAL ROOTS COMMUNITY LEADERSHIP ACADEMY

Presented by:



Thank you for your interest in the Rural Roots Leadership Academy.

We welcome your **application and commitment** to developing your skills as a leader and as an engaged and committed community member. We believe the Border Region's greatest assets are people like you who are willing to pitch in and make a difference.

The Eastern Oregon Border Board (EOBB) supports you in building your leadership skills and is confident that the Border Region will benefit in return. Before you apply, please review the program overview and dates to ensure that this is a fit for you and that you can commit to investing your time and energy. All costs of the Rural Roots Leadership Academy (meals, materials, trainings, etc.) are covered in exchange for your full participation and commitment to being a dedicated and engaged community member throughout the class and project and beyond.

LEADERSHIP 2025 PROGRAM DATES & TIMES *(subject to change, locations TBD):*

Session 1: In-person

September 19 | 1:30pm - 4:30 pm

Session 5: In-person

December 12 | 1:30pm - 4:30 pm

Session 2: In-person

October 2 | 11 am – 1 pm

Session 6: In-person

January 9 | 1:30pm - 4:30 pm

Session 3: In-person

October 17 | 1:30pm - 4:30 pm

Session 7: In-person

February 20 | 1:30pm - 4:30 pm

Session 4: In-person

November 14 | 1:30pm - 4:30 pm

Session 8: In-person

March 27 | 1:30pm - 4:30 pm

Session 9: In-person

May 1 | 1:30pm - 4:30 pm

COMMITMENT

With this application, we accept your commitment to attend all sessions. Participants are expected to actively participate, comply with agreed-upon group norms, complete assignments prior to each session, and to complete evaluation forms. This ensures that all participants are ready to work together successfully.

The academy cohort size is limited to meet our goal of forming a group that will work well together in learning and collaboration. We expect to fill multiple cohorts and continue this program for three years, so your application may be considered for a future cohort.

Please complete the following application and return to the EOBB by August 15, 2025. Applications can be submitted by:

Email: Emily Conlon, eoborderboard@gmail.com

Mail: Attn Emily Conlon, PO Box 218, Ontario, Oregon 97914

For any questions or for help applying, please contact:

Emily Conlon: eoborderboard@gmail.com

Also see www.eoborderboard.org for more details

Please complete all sections of this application.

First Name:_____ Last Name:_____

Email Address:_____

Phone Number:_____

Street Address:_____ State, Zip Code:_____

Please note that participants must reside in the Border Region

What is the best way for us to contact you? *Select all that apply*

- ☐ Email
- ☐ Phone call
- ☐ Text message

What do you hope to gain from participating in EOBB's leadership academy? *You may attach additional pages if necessary.*

In order to participate fully, having reliable internet access and an electronic device that can operate video conferencing software is vital. What technology support do you need to participate in virtual learning sessions?

- ☐ I need technology assistance.
- ☐ I have everything I need to participate fully in the virtual learning sessions.

The EOBB strives to reduce all barriers to participation in our programs. Check all that apply for which you may need support to participate:

- ☐ Childcare assistance
- ☐ Language assistance
- ☐ Other

Other - please describe:

Please list any dietary restrictions:

Please describe your community involvement, both paid and volunteer. *You may attach additional pages if necessary.*

Length of time in your community (in years): _____

I expect to be able to attend all sessions and commit my time to this program. By checking the box below, you are making a commitment to attend all sessions and commit your time to this program. *Preference will be given to those who are able to attend all sessions.*

☐ Yes, I commit

What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+

Please select ALL that apply:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ Other

Agreement

I understand that my contact information, affiliations and personal interests will be shared in a class directory and that my contact information may also be shared with partner organizations when relevant to the interests in promoting rural community vitality. I understand that this information will be used in program evaluation efforts, but that my name or other identifying information will not be shared in any reports. I give permission for the Eastern Oregon Border Board, Rural Development Initiatives and partnering organizations to use my name in press releases, photograph or videotape me for class related purposes, as well as post my photo or video on program-related websites. I understand that I will be added to the Eastern Oregon Border Board and Rural Development Initiatives mailing list to receive electronic newsletters, resources, and announcements.

- ☐ I agree.
- ☐ I disagree