

# *Leadership Montcalm*

## **ENROLLMENT APPLICATION**

**Mission:** To identify and develop an informed, committed and diverse network of effective leaders.

**Objectives:** To **educate** current and future leaders about a broad range of current community needs and concerns. To **enhance** community leadership and management skills. To **encourage** informed individuals to serve the local community in leadership roles of their choice.



**Leadership Montcalm**  
**Attn: Michelle Adams**  
**P.O. Box 368**  
**Stanton, MI 48888**

*Leadership Montcalm* welcomes participants who are residents of, employed or demonstrate active community involvement in Montcalm County, and who intend to remain in the Montcalm County area for at least two years, with a willingness to contribute to the betterment of the Montcalm County area.

*(Please type or print clearly)*

Last Name:	First Name:
Address:	City/State/Zip:
Phone:	E-mail:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date:
Employer Name:	
Employer Address:	City/State/Zip:
Phone:	E-mail:

To keep costs down, most correspondence will be sent by e-mail when appropriate.

Please check where you wish to have correspondence regarding this program sent:    Home    Business

**REFERENCES**

Name/Title:	Address:
Phone:	City/State/Zip:
Name/Title:	Address:
Phone:	City/State/Zip:
Name/Title:	Address:
Phone:	City/State/Zip:

**ATTENDANCE** - *Leadership Montcalm* is a 9-month program consisting of 9 full-day sessions and 1 banquet. Attendance is critical to the success of the *Leadership Montcalm* Program. If you are unable to make a commitment, it is not in your best interest to apply at this time. No refunds will be made.

**Prompt attendance at monthly sessions and banquet is required for graduation.**

Given the time commitment for participation, do you have your employer's full support?

Yes  No

If no, please explain your plan for participation:

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**ESSAY** - On a separate sheet, please submit a typewritten essay response to the following questions:

1. What would you like us to know about you? Please include duration of residence in the Montcalm County area.
2. Do you expect to remain in Montcalm County for at least 2 years?
3. What are your reasons for desiring to participate in *Leadership Montcalm*? Please address your interest in the community.
4. How do you feel you can contribute to the program?
5. What are the issues you think are facing the Montcalm County area today?
6. Describe your membership and participation in community organizations.

I understand that participation in *Leadership Montcalm* involves time and financial commitments that include the following:

- One banquet and 9, one-day session scheduled from September through May
- Presentation of a Final "Issues Project"
- Application and tuition fee due no later than the 2<sup>nd</sup> Friday in August of the program year. Fee is \$300.

I do  I do not, hereby give consent for the *Leadership Montcalm* Program to use my name and photograph for promotional activities and to share my essay with other class members. I understand that this is not a condition of my acceptance into the program.

I certify that the information on this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Completed application and tuition fee is due no later than the 2<sup>nd</sup> Friday of August of the program year.**

For more information contact:  
Michelle Adams, Executive Director  
Cell: 616-894-2350  
Email: leadershipmontcalm@gmail.com

# *Leadership Montcalm*

## STATEMENT FROM EMPLOYER

I understand that participation in *Leadership Montcalm* involves time and financial commitments that include the following:

- One banquet and 9, one-day sessions scheduled from September through May
- Presentation of a Final “Issues Project”
- An application and tuition fee due no later than the 2<sup>nd</sup> Friday of August of the program year.

**TUITION AND FUNDING** - Tuition for Leadership Montcalm is \$300 per person and **must be received on or prior to the 2<sup>nd</sup> Friday in August** of the program year. This tuition can be paid by the employer, other sponsors, or the candidate.

I support the application of \_\_\_\_\_ for participation in the program.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

*Fill in the following section if applicable:*

If this applicant is selected for class membership, his/her employer or other sponsor will pay \$ \_\_\_\_\_ of the tuition fee.

***Make check payable to: Montcalm County (with Leadership Montcalm on the memo line)***

Mailing address:        *Leadership Montcalm*  
                                  *PO Box 368*  
                                  *Stanton, MI 48888*

### **Tentative dates for *Leadership Montcalm XIX* are as follows:**

<b>Wednesday, September 12, 2018 (Banquet – Mandatory)</b>	<b>6:00 p.m. - 9:00 p.m.</b>
Friday, September 14, 2018(Countywide Tour)	7:00 a.m. - 5:00 p.m.
Friday, October 12, 2018	8:00 a.m. - 5:00 p.m.
Friday, November 9, 2018	8:00 a.m. - 5:00 p.m.
Friday, December 14, 2018	8:00 a.m. - 5:00 p.m.
Friday, January 11, 2019	8:00 a.m. - 5:00 p.m.
Friday, February 8, 2019	8:00 a.m. - 5:00 p.m.
Friday, March 8, 2019	8:00 a.m. - 5:00 p.m.
<b>Thursday, April 18, 2019 - Trip to Lansing</b>	<b>7:30 a.m. - 5:00 p.m.</b>
Friday, May 10, 2019- Projects/Graduation	8:00 a.m. - 4:00 p.m.

*For Office Use Only:*

*Date Received:*

*Payment Received:*

MICHIGAN DEPARTMENT OF CORRECTIONS  
**PROFESSIONAL/VISITOR LEIN REQUEST**

CAJ-329  
4835-0329  
REV. 12/07

Please provide the information requested below. This information will be used to complete a criminal history check in the Michigan Law Enforcement Information Network (LEIN).

Your Driver's License Number, State Identification Card Number or your Social Security Number is needed to complete this LEIN. Also needed are your date-of-birth, race and sex. Subsequent visits with prisoners in MDOC facilities require that this LEIN check be completed and cleared.

A copy of this form will be mailed to the address identified below, only if the LEIN does not clear.

Profession	<input type="checkbox"/> Clergy	<input type="checkbox"/> Other Professional	_____	
_____	_____	_____	_____	
Last Name (Please Print)	First Name	Middle Name	_____	
Address _____				
City	State	Zip Code	_____	
Date of Birth	Sex	Race	_____	
Please provide the number of at least one of the following three types of identification:				
Driver's License #	_____	State issued by	_____	
State ID #	_____	State issued by	_____	
Social Security #	_____			

**I authorize the Michigan Department of Corrections to conduct a criminal history check, so that I may be approved to visit/meet with persons confined in a Michigan Department of Corrections facility.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>Staff Use Only</b>	
Reason for LEIN Check	_____
Staff requesting LEIN Check	_____
LEIN Checked by	_____
LEIN Clear	<input type="checkbox"/> Yes <input type="checkbox"/> No, contact Michigan State Police or local police department for more information.
Entered in Visitor Tracking	_____
	Initials _____ Date _____

Distribution:  Facility LEIN Operator  Visitor (only if not LEIN Clear)