

Leadership Montcalm XXI

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 Nielsen
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:

ESSAY – Email to leadershipmontcalm@gmail.com, in Microsoft Word format, an essay response to the following questions:

1. What would you like us to know about you? Please include duration of residence in the MontcalmCounty area.
2. Do you expect to remain in MontcalmCounty 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 MontcalmCounty 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 2nd 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 2nd Friday of August of the program year.

For more information contact:
Michelle Nielsen, 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 2nd 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 2nd 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.

Date _____ Signature of Employer

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 XXI* are as follows:

Wednesday, September 9, 2020 (Banquet – Mandatory)	6:00 p.m. - 9:00 p.m.
Friday, September 11, 2020(Countywide Tour)	7:00 a.m. - 5:00 p.m.
Friday, October 9, 2020	8:00 a.m. - 5:00 p.m.
Friday, November 13, 2020	8:00 a.m. - 5:00 p.m.
Friday, December 11, 2020	8:00 a.m. - 5:00 p.m.
Friday, January 8, 2021	8:00 a.m. - 5:00 p.m.
Friday, February 12, 2021	8:00 a.m. - 5:00 p.m.
Friday, March 12, 2021	8:00 a.m. - 5:00 p.m.
Friday, April 15, 2021	8:00 a.m. - 5:00 p.m.
Friday, May 14, 2021- Projects/Graduation	8:00 a.m. - 4:00 p.m.

<i>For Office Use Only:</i>	<i>Date Received:</i>	<i>Payment Received:</i>
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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 <small>(Please Print)</small>	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

Staff Use Only	
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)