**Leadership Learning Lab**

**2019 APPLICATION FORM – SITE 5**

Thank you for your interest in the 2019 Leadership Learning Lab! Please complete the questions below and return by email to:

**Colleen Masterson-Bzdok**

Rotary Charities of Traverse City

[cmasterson@rotarycharities.org](mailto:cmasterson@rotarycharities.org)

(231) 941-4010 ext. 204

***Applications are due by February 14, 2019.***

**Contact Information**

1. Please provide your contact information below.

Name:

Position:

Organization:

Mailing address:

City, state, zip:

Work phone:

Cell phone:

Email:

Website:

**Background**

1. Is your organization a:
   1. Nonprofit organization
   2. Business
   3. Governmental entity
   4. Other (*please describe*):
2. What is the purpose, mission statement or function of your organization?
3. How many years has your organization been in existence?
4. How long have you been:
   1. In your current position?
   2. At your current organization?
   3. Working in this field?
5. Please provide a brief summary of your academic and work background.
6. Please provide a brief summary of any other leadership training or professional development programs you have participated in.
7. Do you currently sit on the board of any nonprofit organization? If so, please provide the organization’s name below.
8. Are you currently involved in any collaborative work? If so, please describe the nature of this work and list any formal networks or collaborations you might be a part of.

**Essay**

1. Provide a brief essay below that describes why you are interested in the Leadership Learning Lab. How do you hope this opportunity may benefit you and your organization? Please limit your response to 500 words or less.

**Signature Page**

Yes! I understand that participation in the **2019 Leadership Learning Lab** requires a commitment to attend all eight learning sessions, devote 3-6 hours per month for homework and learning pod meetings, complete a comprehensive pre-program survey and program evaluations, and submit a signed confidentiality agreement. My signature below indicates my willingness to fully participate in all components of the program.

Signature (digital signatures accepted) Date