

Blandin Community Leadership Program Application

Plainview Area

Retreat Dates | February 25-March 1, 2019 Workshop Dates | April 30, 2019 | July 9, 2019 | September 17, 2019

Residential Retreat to be held at Sugar Lake Lodge - Grand Rapids, MN. Workshop locations in or near your community.

Application Due Date | Monday, December 10, 2018

Information provided on this application allows us to ensure all sectors of the community are represented at retreat.

Applications can be accessed and completed online at leadership.blandinfoundation.org or mailed or faxed to:

Becky Adams | Recruitment Manager | Blandin Leadership Programs Blandin Foundation | 100 N Pokegama Ave, Grand Rapids, MN 55744 218.327.8736 | direct line | 218.313.8736 | fax | 877.882.2257 | toll-free rmadams@blandinfoundation.org | email www.blandinfoundation.org | website

Blandin Foundation Leadership Programs does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, selection of volunteers including program participants and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, participants, volunteers, independent contractors, and vendors.

Please print clearly on this form.

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First Name	Preferred Name La	ast Name							
Address		City	State	Zip					
Email (check your preferred email) Personal Work									
Phone (check your preferred phone () Work () Mobile ()	one number)		How many years have you lived in this community?						
Optional Information Gender Male Female	Age (must be at least 21 years of a		ic Origin						

Please answer the questions on the back, then sign and date your application.



Community Involvement List the ways you are engaged in your community (include any elected government or currently hold - e.g., city council, county commissioner, township official, school board, etc.)	ffice(s) you
What is your occupation?	
Why would you like to attend the Blandin Community Leadership Program?	
How will you use this leadership training to benefit your community?	
Is there any other information you would like the selection committee to know about you or your commit	unity?
If Selected By signing this application, I understand this is a residential program and agree to be present for the endays (retreat and workshops) of training. Your name and contact information will be shared with alumni, partners, and your cohort.	ntire eight
The Blandin Foundation reserves the right to rescind any invitation to participate in any of its programs and during, the program.	s up to,
Signature Date	

Required