

Leadership in Ethnically Diverse Communities (LEDC) Application

St. Peter

Training sessions will be held in the selected community. Dates and the location can be found in the brochure or at the event listing found on ledc.blandinfoundation.org.

Application Due Date | Monday, July 15, 2019

LEDC is designed to help a diverse group of community members effectively engage across cultural differences. We recruit a cohort of 30 people to represent a wide variety of networks including: gender identity, age, ethnicity, and sector (ex. businesses, nonprofits, government, healthcare and education, etc.). Your application will be used to help ensure that your cohort best represents all sectors of your community. Please note: This is an English-speaking program.

You can apply for LEDC in one of two ways:

1. Visit ledc.blandinfoundation.org, select **LEDC St. Peter** under Current and Upcoming LEDC Training and open the link to the application.
2. Fill out this form and send it to **Becky Adams** using the following options:

Mail: Becky Adams, Leadership Recruitment Manager
100 N Pokegama Ave
Grand Rapids, MN 55744

Fax: 218.313.8736

For questions contact Becky at rmadams@blandinfoundation.org, 218.327.8736 (direct line), 877.882.2257 (toll-free).

Blandin Foundation Leadership Programs does not and shall not discriminate on the basis of race, color, religion (creed), gender identity, 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.



Required Information

| First Name | Preferred Name | Last Name |
|------------|----------------|-----------|
| | | |

| Preferred Mailing Address | City | State | Zip |
|---------------------------|------|-------|-----|
| | | | |

Email (Please check your preference for Blandin Foundation communication) Personal: Work:**Phone** (Please check your preference for Blandin Foundation communication) Home: () Work: () Mobile: ()**Community Involvement****Why would you like to participate in the LEDC program?****Who is your employer?****What is your occupation / kind of work?**

Application continues on the following page.



Demographic Information

Please take the time to answer the following demographic questions. We use this information to help ensure that all voices in the community are being heard and that our programs are reaching across the 9 Dimensions of Healthy Community.

| Age | Gender Identity | Sexual Orientation |
|-------------------------------------|---|--------------------|
| <input type="checkbox"/> 21-39 | <input type="checkbox"/> Female | |
| <input type="checkbox"/> 40-64 | <input type="checkbox"/> Male | |
| <input type="checkbox"/> 65 & Older | <input type="checkbox"/> Prefer to Self-Describe: | |

| Race / Ethnicity (Select all that apply) |
|---|
| <input type="checkbox"/> African American / Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Native American / American Indian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Additional Race / Ethnicity (Please list below) |

| Are you currently experiencing poverty? | Have you ever experienced poverty? |
|---|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

| Do you identify as someone with a disability or impairment? |
|---|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| If you answered "Yes", please provide more information below. |

If Selected

By signing below, I understand:

- I agree to be present for ALL sessions of the training.
- My name and contact information will be shared with Blandin Foundation's alumni, partners, recruitment committee, selection committee, and my cohort to connect leaders in rural Minnesota to help build healthier communities.
- Blandin Foundation reserves the right to rescind any invitation to participate in any of its programs up to, and during, the program.

Signature _____

Date _____

