

Leaders Partnering to End Poverty (LPEP) Application

Rockville, Cold Spring and Richmond

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 lpep.blandinfoundation.org.

Application Due Date | November 18, 2019

You can submit your application in one of two ways:

1. Visit lpep.blandinfoundation.org, select **LPEP – Rockville, Cold Spring and Richmond** under Current and Upcoming LPEP 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.

Application continues on the following page.



Blandin Foundation™
STRENGTHENING RURAL MINNESOTA

Required Information

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

| | | | |
|--|------|-------|-----|
| Preferred Mailing Address | City | State | Zip |
| How many years have you lived in this community? | | | |

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

What community or reservation are you engaged in? or plan to be?

In what ways are you engaged in the community?

Why would you like to participate in this program?

Application continues on the following page.



Community Involvement (cont.)

How will you use this leadership training?

Who is your employer?

What is your occupation / kind of work?

Have you applied for or participated in a Blandin Foundation training or event in the past?
 (Your answer to this question will not affect your participation in this program)

Yes

No

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"/> 18-39 | <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)

African American / Black Asian Caucasian Hispanic / Latino

Native American / American Indian (Please list **Tribal Affiliation**)

Pacific Islander Additional Race / Ethnicity (Please list)

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

Application continues on the following page.



Demographic Information (cont.)

Do you identify as someone with a disability or impairment?

Yes

No

If you answered "Yes", please provide more information below.

Is there any other information you would like us to know?

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

