

## INDIVIDUAL APPLICANT AGREEMENT AND CONFIRMATION CHECKLIST

### ILEAD U Innovative Librarians Explore, Apply and Discover The 21<sup>st</sup> Century Technology and Leadership Skills Institute

Submit this form with the complete application package from your team

**Step 1:** The following should be included with the **complete application package**.

- INDIVIDUAL APPLICANT AGREEMENT and CONFIRMATION CHECKLIST (with original signatures)
- PERSONAL INFORMATION FORM (with original signatures) **for each team member**.
- LETTER OF COMMITMENT: GOVERNING AUTHORITY (with original signatures) **for each team member**.

**Step 2:**  Make one photocopied duplicate of the **complete application package**, including any supporting documentation or letters for your records.

**Hilton Garden Inn, Bangor, Maine will be the site for all three in-person sessions:**

- **March 23-26 2015**
- **June 22-25, 2015**
- **October 26-29, 2015**

**Each team will be responsible for scheduling its own mandatory virtual sessions (approximately 5) during the intercessions (April-May 2015 and July-Sept. 2015).**

1. This is individual applicant agreement \_\_\_\_\_ of five. Each team must have five members. The complete team of five will be considered for inclusion; individual applicants who are not part of a team will not be considered.
2. Program team name: \_\_\_\_\_  
(Can be changed later)
3. If I am selected as a participant, I, \_\_\_\_\_ agree to and confirm the following ILEAD U participation criteria:
  - a. I confirm that I have **enclosed** the completed **Personal Information Form** providing required contact information.
  - b. I confirm that I have **enclosed** the required **Letter of Commitment** from my governing/corporate authority.
  - c. I confirm that the Maine State Library / Illinois State Library can publish my name, title and organization if I am selected for participation.
  - d. I agree to participate in the evaluation of the project through interviews and surveys. If I am selected to participate, I understand I will be given another opportunity to voluntarily agree to participate in each specific evaluation activity.
  - e. I agree to produce a team "Seed and Grow" video by the end of ILEAD U – October 2015.
  - f. I confirm that I have read and agree to the **Photograph and Video Release**.
  - g. I confirm that by the first in person session (March 23-26, 2015), I will identify a **Community User Representative**, a "user/patron", who has Internet access and email, within my community/constituent group, who will serve as an advisor to me during the ILEAD U program. I will bring to the first session a brief **Letter of Support from my Community User Representative**, communicating their support of my participation in ILEAD U. The letter will include his/her name and email address.
  - h. The Maine State Library will award 100 continuing education contact hours for participation in ILEAD U. I will need contact hours for my annual certification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



This project is made possible by a grant from the U.S. Institute of Museum and Library Services, the Secretary of State/Illinois State Library and the Maine State Library.

All information supplied is kept completely confidential. ILEAD U

## Photo Consent and Permission Release for ILEAD U

Date: \_\_\_\_\_

This is a release for the Maine State Library (MSL) and the Secretary of State/Illinois State Library (ISL) for the ILEAD U Project (hereafter referred to as MSL/ISL).

I, \_\_\_\_\_, agree to the following:

1. I grant to MSL/ISL the license, right and permission to use, publish, exhibit, broadcast, reproduce, distribute, transmit and display my name, image, likeness, and quotes in all media whether now known or later developed, for purposes of publicity, marketing, promotion, exhibition and other exploitation for the ILEAD U worldwide, in perpetuity without notice and without compensation, royalty, accounting, liability or obligation of any kind. Such use may include, but is not limited to, the ILEAD U and its social media pages.

2. I hereby release, hold harmless, discharge and indemnify the MSL/ISL their agents, successors and assigns from and against any and all liability, claims, charges, demands, expenses, fees, fines, penalties, losses, suits, proceedings, actions and costs thereof (including attorneys' fees and court costs for all actions and appeals therefrom), judgments and injuries of any kind, resulting from or arising in connection with my participation in the ILEAD U, or the use of the Materials and my Image Rights by MSL/ISL.

Name: \_\_\_\_\_  
Please print

Signature: \_\_\_\_\_



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### ILEAD U

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**In the space below, please provide a STATEMENT OF NEED that responds to the following:** (Maximum 250 words, 1000 characters)

Each team will produce a single team product from the ILEAD U program. Describe the community need that you perceive exists and want to address. This need will help you define your team's product. Please include a description of the qualities you bring to the team. Why does your constituency need your participation? If appropriate, include census data that helps describe an underserved group or a perceived need.



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**COMMUNITY USER REPRESENTATIVE LETTER OF SUPPORT**

By the first in person session (March 23-26, 2015), please identify a Community User Representative, a “user/patron”. This individual is someone uniquely affected by the perceived community need and will serve as an advisor and a conduit for feedback about programs and services. **You are required to bring a letter of support from your Community User Representative to that first meeting.**

Name of applicant: \_\_\_\_\_

Community User Representative Name: \_\_\_\_\_

Email Address: \_\_\_\_\_



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PERSONAL INFORMATION FORM**

Submit this form with your complete application package

**Part I: REQUIRED INFORMATION**

Your name (Last, First, M.I.):	
Preferred nickname:	
Library or Institution Name:	
Library address:	
Work phone:	
Alternate phone:	
Email address <i>(all project correspondence will be sent to this email address):</i>	
<b>The following will not be published</b>	
Emergency contact name:	
Emergency contact phone:	



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**LETTER OF COMMITMENT: GOVERNING AUTHORITY**

Submit this form with the complete application package from your team

**Hilton Garden Inn, Bangor, Maine will be the site for all three in-person sessions:**

- **March 23-26 2015**
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**Each team will be responsible for scheduling its own mandatory virtual sessions (approximately 5) during the intercessions (April-May 2015 and July-Sept. 2015).**

**Congratulations!** A Project ILEAD U applicant in your organization has taken the initiative to pursue involvement in this enriching program that will teach attendees how to use participatory technology tools to connect with user needs. In order to ensure a rich experience for the participants, it will be necessary for your organization to commit resources of time, equipment (like PC and telephone) and bandwidth.

Please confirm the following for: *(applicant name)* \_\_\_\_\_

I/we confirm the applicant will have the support from this organization to spend time away from work, including travel to and from, during the three required in-person sessions.

I/we confirm that the applicant will have the support from this organization to spend time attending the required virtual sessions that will take place approximately bi-weekly during the intercessions.

I/we confirm that the applicant will identify a "community user representative" who will work with the applicant providing feedback and suggestions during the project.

I/we confirm that the applicant will have the support from this organization to use this organization's bandwidth and equipment (e.g. telephone, PC, scanner) to participate in this program.

I/we confirm that the applicant will have time to work on the development of the project team's product.

I/we confirm that if equipment is purchased and the equipment is intended to become the property of this applicant's organization the equipment will ultimately be used for the enrichment of the end user experience in my library.

I/we understand that equipment will be purchased during in-person session 2.

I/we confirm that the applicant's name and organization can appear in press releases, information and publications about Project ILEAD U.

**Name of applicant's organization/governing authority:** \_\_\_\_\_

**Signature of representative of organization/governing authority:** \_\_\_\_\_

**Title of representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name of representative:** \_\_\_\_\_



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