

Instructor Application

ILEAD U

Innovative Librarians Explore, Apply and Discover
The 21st Century Technology and Leadership Skills Institute

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MAILING ASSEMBLY CHECKLIST

Submit this form with your complete application package

Step 1:

Assemble the **complete application package**, which is defined as, and must include:

- One **MAILING ASSEMBLY CHECKLIST**
- One **APPLICATION AGREEMENT AND CONFIRMATION CHECKLIST** (original signature)
- One **BRIEF ONE-PAGE RESUME**
- One **PERSONAL INFORMATION FORM** (original signature)
- One **LETTER OF COMMITMENT: GOVERNING AUTHORITY** (original signature)

Step 2:

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

Step 3:

- Send the original **complete application package**, including all supporting documentation and/or letters to the Maine State Library (MSL). Hard copy pages can be duplex.

Submit your complete application package to:

Project ILEAD USA
Maine State Library
64 State House Station
Augusta, ME 04333-0064
Attn: Stephanie Zurinski

Questions? Email Stephanie Zurinski, Project Coordinator at stephanie.zurinski@maine.gov or 207-287-5632, or Deborah Clark, Assistant Project Coordinator at deborah.clark@maine.gov or 207-871-1765.

Application package deadline by email or postmark is *December 12, 2014*
MSL will send email notification of acceptance by *February 15, 2015*



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 Illinois State Library/Maine State Library

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INSTRUCTOR APPLICATION AGREEMENT AND CONFIRMATION CHECKLIST

Submit this form with your complete application package

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).

If I am selected as an instructor, I, _____, agree to and confirm the following ILEAD U instructor participation criteria:

- a. I confirm that I have **enclosed** the complete **Personal Information Form** providing required contact information.
- b. I confirm that I have **enclosed** the required **Letter of Commitment** from my governing/corporate authority.

My specialty/area of interest in which I could provide instruction is:

Signature: _____ Date: _____



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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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BRIEF ONE-PAGE RESUME

Please highlight your instructional experience with adult learners.



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PERSONAL INFORMATION FORM - INSTRUCTOR
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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>	
The following will not be published	
Emergency contact name:	
Emergency contact phone:	



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LETTER OF COMMITMENT: GOVERNING AUTHORITY - INSTRUCTOR

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- 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).

Congratulations! A Program 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 that 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 biweekly during the intercessions.

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 program team's product.

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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