ILEAD U

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

MAILING ASSEMBLY CHECKLIST
Submit this form with the complete application package

Step 1:
Assemble the **complete application package**, which is defined as, and must include:
- ☐ One MAILING ASSEMBLY CHECKLIST
- ☐ One MENTOR APPLICATION AND CONFIRMATION CHECKLIST (with original signatures)
- ☐ One PERSONAL INFORMATION FORM (with original signatures)
- ☐ One LETTER OF COMMITMENT: GOVERNING AUTHORITY (with original signatures)

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
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, 2105*

All information supplied is kept completely confidential. ILEAD U

Mentor Application

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MENTOR APPLICATION AND CONFIRMATION CHECKLIST
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**
- **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-September 2015).

If I am selected as a MENTOR, I, _____ agree to and confirm the following ILEAD USA 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 believe I would be an effective mentor because (200 words or less):

Signature: _____Date: _____

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: _____

Mentor Application

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PERSONAL INFORMATION FORM - MENTOR

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 *(all project correspondence will be sent to this email address):*	
The following will not be published	
Emergency contact name	
Emergency contact phone:	

All information supplied is kept completely confidential. ILEAD U

Mentor Application

ILEAD U

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LETTER OF COMMITMENT: GOVERNING AUTHORITY MENTOR

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**
- **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).

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 form 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 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 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: _____

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