



## A Community Leadership Program



Labette Center for  
Mental Health Services, Inc.



### 2020-21 Program Application

Completed applications must be submitted to Labette Center for Mental Health Services at 1730 Belmont, PO Box 258, Parsons, KS 67357, or to [monica@cmhs.com](mailto:monica@cmhs.com) by October 30th. Applicants will be notified of acceptance by November 4th.

#### Contact Info

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address (to be used for this program) \_\_\_\_\_

Phone Contact (to be used for this program) \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_

#### Current Occupation/Employment

Current Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Your Position/Title/Duties \_\_\_\_\_

Years in this business or at this position \_\_\_\_\_

Participation Preference: In Person  Zoom  Hybrid

Access to equipment to participate via Zoom: Yes  No  Unsure

#### Education/Training

*Include any prior Leadership Development Training*

School/Program Name/Location

Degree/Certificate/Recognition Received

_____	_____
_____	_____
_____	_____
_____	_____

**Community Involvement**

List any community, school, professional, youth, religious, social, or other organizations in which you are participating or have participated.

Organization	Years	Position or Committee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Personal Motivation and Commitment**

What do you feel has been your most significant contribution to a community, and why? Keep in mind that the word "community" can apply to our cities, families, businesses, civic and religious organizations, or any other place where people work and live together,

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Why do you want to participate in Leadership Labette?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you plan to use what you learn in Leadership Labette?

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\_\_\_\_\_

\_\_\_\_\_

**Leadership Labette Program Commitment**

Leadership Labette is a powerful program of integrated sessions emphasizing the four Kansas Leadership Center competencies. Each session will build upon essential content from the previous class and therefore all sessions are required. Applicants for Leadership Labette must understand the program requires a serious commitment on their part. The program consists of five/six daytime class sessions and possibly, depending on the state of the current pandemic, a 2-day trip to Wichita’s Kansas Leadership Center. Attendance at ALL sessions is expected. The board understands emergencies arise and will work with participants in those cases, at the request of the participant. Any unexcused absence may be grounds for dismissal from the program. Please take the time to review the session dates listed below and add them to your calendar. Tuition refunds will not be offered.

- November 19<sup>th</sup> 8:30 – 4:30pm**
- December 17<sup>th</sup> 8:30 – 4:30pm**
- January 21<sup>st</sup> 8:30 – 4:30pm**
- February 18<sup>th</sup> 8:30 – 4:30pm**
- March TBD KLC**
- April 15<sup>th</sup> 8:30 – 4:30pm (Graduation)**

**\*In the event the class is unable to attend the KLC summit scheduled in March, a class session will be held on March 18<sup>th</sup>, 2020.**

**Shirt Size Options: (circle one)**

<b>Adult</b>	<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>2XL</b>	<b>3XL</b>	<b>4XL</b>	<b>5XL</b>
<b>Ladies</b>	<b>XS</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>	<b>2XL</b>	<b>3XL</b>	<b>4XL</b>	<b>5XL</b>

Applicants who are employed are strongly encouraged to obtain their supervisor’s permission (if applicable) to participate in Leadership Labette. Supervisors should have a clear understanding of the time commitment involved for participants.

Participants who successfully complete the program will be publicly recognized and receive a plaque. Program tuition is \$250 per person and must be paid to Leadership Labette/Labette Center for Mental Health Services prior to the first class session in November.

***I understand the commitments required for active and successful participation in Leadership Labette and agree to them as stated above.***

\_\_\_\_\_ ***Applicant Signature and Date***

***Applicant’s Employer or Supervisor (if applicable): Please print***

***Name:*** \_\_\_\_\_

***Business and Position/Title*** \_\_\_\_\_

\_\_\_\_\_ ***Employer Signature and Date***