



AUGUST 15-20, 2004 APPLICATION FORM

All applications will be handled by the **LIBRARY LEADERSHIP OHIO** Selection Committee in the strictest confidence. Participants in **LIBRARY LEADERSHIP OHIO** will be selected from those individuals who have submitted their Application Form by April 26, 2004. Applications are available on the CAMLS web site in both PDF and Word formats. Please mail application along with letter of support. Forms postmarked after midnight on April 26, 2004, will not be considered. To assist the Committee, we request that your form be typed or printed legibly.

Last Name	First Name	Middle
Home Address	Apt.#	City
		State
		Zip
Home Telephone	Email	

Participants will be assigned to a room with a person of the same gender: Female Male

Optional: Ethnic diversity among participants is a goal of LLOhio. Listing your race/ethnic group will help us achieve this goal.

Race/Ethnic group _____

I. PARTICIPATION

In order to accomplish its stated objectives, the full participation of each individual selected is necessary.

Participation includes: Staying from the evening of Aug. 15 - Aug. 20 (adjourn by noon). Participants are expected to stay overnight at the Inn at Honey Run in Millersburg. Will you be able to fulfill this commitment? Yes No

II. EDUCATION (Begin with high school, then college(s), post graduate, etc.)

SCHOOL NAME	CITY	YEAR GRADUATED OR DATES OF ATTENDANCE	DIPLOMA/DEGREE	MAJOR/AREA OF CONCENTRATION

III. EMPLOYMENT

Library				
Address	City	State	Zip	
present title or responsibility				
Telephone	Email			

Does your library belong to a regional library system? Yes No

Which system? _____

Area of service:

- | | | | | |
|--------------------------------------|--|---|---|------------------------------------|
| <input type="checkbox"/> Circulation | <input type="checkbox"/> Technical Service | <input type="checkbox"/> Administration | <input type="checkbox"/> Technology | <input type="checkbox"/> Reference |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Outreach | <input type="checkbox"/> Childrens | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Other |

Number of years of library experience (do not include student or page experience):

Support Staff _____ Position requiring BA/BS _____ MLS _____

Briefly describe your major responsibilities: (attach additional sheet if needed)

What do you consider your greatest career achievement so far? (attach additional sheet if needed)

Describe your leadership experience thus far: (attach additional sheet if needed)

Work History:

Previous employment of any kind in reverse chronological order.

EMPLOYER	TITLE OR RESPONSIBILITY	FROM - TO

IV. ORGANIZATIONS/ACTIVITIES/COMMUNITY INVOLVEMENT

Please list, in order of importance to you, other professional, community, civic, business, religious, social, athletic, and other organizations of which you have been an active member.

ORGANIZATION	DATES OF MEMBERSHIP	OFFICIAL POSITION HELD

What have you accomplished in any one of these activities that is important to you? (attach additional sheet if necessary)

V. GENERAL

(attach additional sheet if necessary)

What would you hope to gain and how would you utilize your LIBRARY LEADERSHIP OHIO experience?

VI. LETTER OF RECOMMENDATION

Please include a one-page letter of recommendation from a third party such as your director or current manager, a former professor, or someone who knows your current work well. That person should address as many of the following topics as possible: Your leadership potential, communication skills, employment experience, initiative, reasonable risk taking, and commitment. Plus any other skills or attributes.

VII. TUITION

Tuition for each participant in **LIBRARY LEADERSHIP OHIO** is \$375.00 (total cost). If you are selected, you will be notified by June 11, 2004 and will receive an invoice. The tuition must be paid by July 15, 2004. Participants are responsible for transportation to and from the Inn at Honey Run in Millersburg.

If selected, who will pay the \$375.00 tuition? My library Myself Friends of the Library

I _____ UNDERSTAND THE PURPOSE OF **LIBRARY LEADERSHIP OHIO** AND THAT COMPLETION OF THIS APPLICATION FORM DOES NOT ENSURE A CANDIDATE'S ACCEPTANCE IN THE 2004 INSTITUTE.

Call **Terri Pasadyn**, the Continuing Education Director of the Cleveland Area Metropolitan Library System at **216.921.3900** if you have any questions.

Mail to:
LIBRARY LEADERSHIP OHIO
CAMLS
20600 Chagrin Blvd., #500
Shaker Heights, OH 44122-5334

After mailing your application, you may wish to call Marjorie Doxey at 216.921.3900 to inquire if the application was received.