



A Community Leadership Program



Labette Center for
Mental Health Services, Inc.



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@lcmhs.com by August 31st^h. Applicants will be notified of acceptance no later than September 3rd.

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 _____

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're 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,

Why do you want to participate in Leadership Labette?

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

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. *Full attendance (excluding family deaths or emergencies) is expected for all class sessions and is necessary for graduation from the program.* Take time to review the session dates listed below and add them to your calendar. The program also consists of a day trip to Greenbush and a 2-day/1-night trip to Wichita. Any unexcused absence may be grounds for dismissal from the program, and tuition refunds will not be offered. Instead, the participant will be offered enrollment into the next year’s program if the drop date is prior to October 15. Drop dates of October 16 through November 15th, must pay half of the tuition fees in order to attend the following program year. Drop dates after November 15 must pay full tuition fees in order to attend the following program year.

September 9 th	8:30-4:30pm
October 28 th	Greenbush Team Building Exercise
November 18 th	8:30-4:30pm
December 16 th	8:30-4:30pm
January 20 th	8:30-4:30pm
February 17 th	8:30-4:30pm
March TBA	Your Leadership Edge Program KLC – Wichita Trip
April 21 st	8:30-1:30pm Graduation Luncheon

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 \$325 per person and must be paid to Leadership Labette/Labette Center for Mental Health Services prior to the first full class session in September.

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