

---

## Marin Leaders Institute APPLICATION MATERIALS

The Center for Volunteer and Nonprofit Leadership of Marin is pleased to offer this innovative, in-depth leadership development program to executive directors in Marin County. To qualify for participation, applicants must have a minimum of three years' experience as an executive director of a nonprofit organization or as a lay/clergy leader of a faith community. Additionally, applicants must currently be working as an executive director or lay/clergy leader in a Marin-based organization, and have held their current position for at least one year.

The year-long program will begin with an opening retreat at St. Dorothy's Rest Retreat Center (Occidental) from **Sunday, April 19 through Tuesday, April 21, 2009**. The closing retreat will be held in March 2010. Half-day monthly seminars will be held the first Thursday of every month (except August and December), beginning on Thursday, May 7, 2009. Individuals will also participate in small group work through peer learning circles.

Please complete the MLI **application form**, and return it along with **resume** and **board recommendation form\*** to:

**Center for Volunteer and Nonprofit Leadership  
Marin Leaders Institute  
555 Northgate Drive  
San Rafael, CA 94903**

**Applications are due no later than Friday, March 13, 2009.** Completing an application is not a guarantee of acceptance into the program. Applications will be competitively evaluated by a panel of MLI staff, experienced executive directors, and educators. A cohort of leaders will be selected for participation in the program, and will be notified in early January.

The tuition cost is \$1,500 per participant; the majority of the institute cost is covered by a grant from the Marin Community Foundation. Participants must pay tuition upon acceptance into the program to guarantee their place.

\* Because the MLI requires a significant time commitment, we would like to be confident that your Board supports your involvement in the program. Therefore, in addition to three personal and/or professional references, a recommendation from your organization's Board of Directors is required. Fill out the top portion of the attached recommendation form and send this form to your Board Chair. Please ask the Board Chair to complete and return the form to you in a sealed envelope. Your application will not be complete without this form.

## APPLICATION FORM

**I. CONTACT INFORMATION** Preferred mailing address:  Organization  Home

**A. Personal**

\_\_\_\_\_  
*First Name* *Last Name* *MI*

\_\_\_\_\_  
*Home Street Address*

\_\_\_\_\_  
*City* *State* *Zip*

\_\_\_\_\_  
*Home Phone* *Cell Phone* *Fax* *Email*

**B. Organization**

\_\_\_\_\_  
*Organization*

\_\_\_\_\_  
*Organization Street Address*

\_\_\_\_\_  
*City* *State* *Zip*

\_\_\_\_\_  
*Telephone* *Fax* *URL*

**What is your agency's field of service? Please check all that apply.**

- Arts, Culture, & Humanities  Community Development/Civil Rights  Philanthropy & Grantmaking  Health  Environment & Animals  Human/Social Services  Education  Religious Affiliation  Other \_\_\_\_\_

**Brief description of organization's mission:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## II. BACKGROUND AND REFERENCES

*Please attach resume that includes information for areas A through E.*

**A. Academic/Educational History**

**B. Employment History/Work Experience**

**C. Voluntary/Community Leadership Positions**

**D. Awards and Recognition**

**E. References** *Please provide the names/contact information for 3 personal or professional references that can comment on your strengths as a leader.*

*(Application continued on next page)*

---

**APPLICATION FORM**

*(continued)*

**III. PERSONAL STATEMENT**

*In an effort to know you better, we would appreciate your written thoughts about how your participation in MLI might further your personal and professional development. Please respond to the following questions:*

1. In the past, what have you done to improve and develop your leadership capabilities?
2. What leadership opportunities and challenges exist within your organization? How have you attempted to deal with them?
3. What professional development goals would you most like to achieve as a result of your participation in the MLI? Why?
4. MLI will engage participants in an intense, personal journey of discovery and deepening of the “whole person” first and foremost, then secondly as person-in-role as executive director. What excitement and concern do you bring to this type of yearlong, community-of-peers learning experience?

---

**Marin Leaders Institute  
BOARD RECOMMENDATION FORM**

Applicant: \_\_\_\_\_ Board Chair: \_\_\_\_\_

**Dear Board Chair,**

The board's support of your organization's applicant is crucial to our evaluation of his or her candidacy for admission to the Marin Leaders Institute (MLI). Please read the following and sign below to indicate your support for his or her application.

The MLI is an innovative, intensive leadership development program designed for established nonprofit executive directors hailing from a wide range of fields and leaders of faith communities. If the applicant is accepted to the Marin Leaders Institute, he or she will be making a significant time commitment in support of his or her professional development and for the benefit of your agency. Over the course of 12 months, beginning in April 2009, participants will be expected to attend:

- Two 2-day retreats (opening and closing)
- Monthly half-day seminars

Additional time will be spent in self-directed activities, including:

- Participant-driven project work on the job
- Personal exploration through reading, writing and reflecting

We would like to be confident that the Board of Directors supports the applicant's Leadership Development efforts.

*I am fully confident that this applicant can manage the challenges of his/her current position while participating in this significant professional development seminar.*  YES  NO

*The Board is prepared to support the Executive Director and the agency during this unique year of learning and professional growth.*  YES  NO

Please feel free to attach additional comments.

Signature of Board Chair \_\_\_\_\_ Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

*Please sign and date the recommendation form and return it to the applicant in a sealed envelope. The applicant must submit your recommendation as a part of his or her application. Thank you.*

*If you have questions about the program and time commitment, please contact us (415) 479-5710.*

*Applications are due Friday, March 13, 2009.*