**Individual Applicant Agreement and Confirmation Checklist**

# **ILEAD USA**

## **Innovative Librarians Explore, Apply and Discover**

**The 21st Century Technology and Leadership Skills Institute for the States**

**ILEAD** (Innovative Librarians Explore, Apply and Discover) USA is a leadership and technology initiative started by the State Library of Illinois that is funded by a grant received from the Institute of Museum and Library Services. The Pennsylvania State Library joined the initiative in 2015.

***The primary goal of this program is to develop the knowledge, skills and abilities of library staff to understand and respond to user needs by applying participatory technology.***

The ILEAD USA Pennsylvania State Steering Committee is looking for five Teams to be part of this amazing immersion experience. Each team, comprised of five Pennsylvania library staff members, will select a community need and address it using participatory technology skills. Examples of participatory technology tools include: blogging tools, digital audio/podcasting, digital photography, digital video, gaming, instant messaging, photo sharing sites, RSS, Social bookmarking, social networking, tagging, virtual reference, virtual worlds, web conferencing, and wikis.

Participants will develop leadership and project management skills as well as foster community participation. Technology skills are not required!

**ILEAD TEAMS**This program is designed around working, learning, and creating in teams. The primary role of each ILEAD Team is to create an innovative program directly addressing an identified user need. Individual participants join together in diverse teams, including public, school, academic, as well as specialized library staff members. Each team will be assigned a qualified mentor who will work with participants throughout their program development process.    
  
ILEAD USA has a direct impact on end users by engaging communities in conversations to identify needs, involving community user representatives to provide critical feedback during product development, and using team products to meet identified needs and to improve quality of life in Pennsylvania communities.

Each team member will recruit a community user (or “user/patron”) representative who will provide feedback during the project, bringing the total number of community user representatives perteam to five.These representatives will give direct feedback about plans and the team’s products, and will help assess whether the team’s products are reaching the intended audience or addressing a constituent need. Team members will regularly consult their user representatives, asking for opinions and assessments, as well as allowing experimentation with prototypes of the team’s products.

All ILEAD project materials will be available online to participants. Following the project term, participants will be encouraged to present programs at library and education conferences nationwide. Team members will decide which library will own any related equipment. This equipment must be used to further that library’s efforts in participatory technology products, even after the ILEAD participant ends his/her involvement with the program.

**EXPECTATIONS OF TEAM PARTICIPANTS**

* Participate actively from March 14-October 6, 2016 in ALL ILEAD in-person sessions and   
  virtual meetings
* Select a team project and work to see it through planning, development, and implementation phases
* Communicate with team members, mentors, instructors, group facilitators, and the Program Director
* Form strong ties with community user/representatives who will provide project feedback
* Present a marketing plan for the team project during the final in-person session
* Participate actively in ILEAD USA evaluations

**2016 ILEAD USA SESSIONS & MEETINGS**

The 2016 ILEAD USA program consists of three in-person intensive learning sessions and a minimum of five mandatory virtual team meetings.

**IN-PERSON SESSIONS**

* March 14-17, 2016
* July 11-14, 2016
* October 3-6 2016

*All in-person sessions will be at Harrisburg University and other locations within Harrisburg, including the State Library of Pennsylvania.*

**VIRTUAL TEAM MEETINGS**

Each team will be responsible for scheduling its own mandatory virtual sessions (a minimum of 5) in between in-person sessions (April-June 2016 and August-September 2016).

**AGREEMENT**

1. This is an individual applicant agreement for selection on a ILEAD USA team organized by the Office of Commonwealth Libraries.

2. If I am selected as a participant, I, agree to and confirm the following ILEAD USA participation criteria:

a. □ I confirm that, if my application is selected, and no later than March 10, I will identify a **Community User Representative** a “user/patron”, who has Internet access and email, within my selected topic’s community/constituent group, who will serve as a sounding board to me during the ILEAD USA program.

b. □ I confirm that, if I am selected, and no later than March 10, I will provide a brief **Letter of Support from my Community User Representative**, communicating his/her support of my participation in ILEAD USA. The letter includes his/her name and email address.

c. □ I confirm that I have **enclosed** a completed **Personal Information Form** providing required contact information.

d. □ I confirm that I have **enclosed** the required **Letter of Commitment** from my governing/corporate authority.

e. □ I confirm that I am employed by a Pennsylvania library.

f. □ I agree to assume responsibility for all personal and incidental expenses. I confirm that any attendee expenses provided by a travel stipend will be covered as provided in accordance with the Commonwealth of Pennsylvania’s travel reimbursement policy.

g. □ I commit to attending all three ILEAD USA in-person sessions and to participate in all mandatory virtual intersession activities and assignments (at least five). I understand that if I am unable to attend at any one of the ILEAD USA in-person sessions, I am automatically eliminated from eligibility to participate in ILEAD USA.

h. □ I agree to notify the **Pennsylvania State Library** immediately if I must withdraw my participation in ILEAD USA.

i. □ I understand that if I must miss a meeting or withdraw my participation in the project due to unforeseen circumstances, then I will notify my team, which will work with the Pennsylvania State Library to make the appropriate arrangements.

j. □ I confirm that I have an email address that I check *very frequently, at least daily, Monday – Friday.*

k. □ I confirm that if my program team purchases equipment, the program team will decide which library owns the equipment to serve its users.

l. □ I confirm that equipment will be purchased during the second in-person session. No single piece of equipment can exceed $1,000.00.

m. □ I confirm that I am required to conduct ***at least one presentation*** to a group of library staff members about my experience and my program team’s product, with the goal of mentoring others to use participatory technology tools to craft library services and connect with end users. The presentation must occur before the beginning of the third in-person session.

n. □ I confirm that the Pennsylvania State Library, and participating partners can publish my name, title and organization if I am selected for participation.

o. □ I confirm that I have read and agree to the following **Photograph and Video Release**:

My signature below indicates my permission for the University of Illinois/Springfield, the Illinois State Library, the Pennsylvania State Library and participating partners to use photographs and video footage recorded during ILEAD USA. My name and organization will be reported in association with in-person sessions and will be included on the photographs and video recordings. These photographs and video recordings may be used for the following purposes:

* Media events and press releases
* Analysis of research/reporting results
* Informational presentations

I will be consulted about the use of the photographs or video recordings for any purpose other than those listed above. There is no time limit on the validity of this release nor is there any geographic specification of where these materials may be distributed.

p. □ I agree to participate in the evaluation of the project through interviews and surveys. If I am selected to participate, I understand I will be given another opportunity to voluntarily agree to participate in each specific evaluation activity.

q. □ I confirm that I will read all program documentation.

r. I agree to work with a team assembled by the Office of Commonwealth Libraries.

Signature: Date:

4. Please choose which community need you would like to work on. You may choose more than one need if you are willing to work on any team but please number them 1, 2, 3 with 1 being your top selection..   
\_\_\_\_\_Community Engagement  
\_\_\_\_\_Workforce Development  
\_\_\_\_\_Immigrant And Non-English Speaking Community

5. Please explain why you would like to work on the community need(s) you have selected.

6. Describe how you believe participating in ILEAD USA will benefit you as an individual. (please attach)

8. Have you participated in PaLA’s Pennsylvania Leadership Academy, The Director Institute or a past ILEAD USA session? \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION FORM**

|  |  |
| --- | --- |
| **Part I. REQUIRED INFORMATION** | |
| Your Name (Last, First) |  |
| Preferred nickname |  |
| Library or Institution Name |  |
| Your Job Title |  |
| Library Address |  |
| Library Phone |  |
| Email address |  |
| Library Type |  |
| ***The following will not be published*** |  |
| Home Address |  |
| Home Phone |  |
| Cell Phone |  |
| Home Email |  |
| Emergency Contact Name |  |
| Emergency Contact Phone |  |

|  |  |
| --- | --- |
| **Part II. OPTIONAL INFORMATION**  **This information will not be published in association with your name. It is collected for the purposes of evaluation and reporting.** | |
| □ Male □ Female | Age: |
| Ethnicity: | Languages spoken  other than English: |
| Certificates or degrees earned, and dates awarded:  (MLS 1999, BS 2005, etc…) | |
| I am a member of the following library organizations in Pennsylvania:  □ Pennsylvania Library Association  □ Pennsylvania School Librarians Association  □ Pennsylvania Academic Library Association  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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**LETTER OF COMMITMENT FORM: GOVERNING AUTHORITY**

**The 2016 ILEAD USA schedule** will include three in-person sessions at **Harrisburg University, and other locations within Harrisburg, including the State Library of Pennsylvania:**

* **March 14-17, 2016**
* **July 11-14, 2016**
* **October 3-6 2016**

**Each team will be responsible for scheduling its own mandatory virtual sessions (at least 5) during the intercessions** (April-June 2016 and August-September 2016.)

**Congratulations!** An ILEAD USA 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 from 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 a “community user representative,” selected no later than   
March 10, who will work with the applicant providing feedback and suggestions during the project.

□ 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 confirm that if equipment is purchased and the equipment is intended to become the property of this applicant’s organization, the equipment will ultimately be used for the enrichment of the end user experience in my library.

□ I/we understand that the Children’s Internet Protection Act (CIPA) requirements may apply [www.imls.gov/about/cipa.shtm](http://www.imls.gov/about/cipa.shtm). Equipment will be purchased during in-person session. No single piece of equipment can exceed $1,000.00.

□ I/we confirm that the applicant’s name and organization can appear in press releases, information and publications about ILEAD USA.

Name of applicant’s organization/governing authority:

Signature of representative of organization/governing authority:

Title of representative: Date:

Printed name of representative:

### INDIVIDUAL APPLICATION SUBMISSION INSTRUCTIONS

**Each team member is required to submit an individual application and should follow these steps:**

1. **Complete and sign the Agreement,**
2. **Select the community need(s) you would like to work on in a team**
3. **Explain why you would like to work on the community need(s) you have selected**
4. **Describe how you believe participating in ILEAD USA will benefit you as an individual.**
5. **Complete the Personal Information form and Optional form (if desired) and   
   any related to Attach your reason for selecting the topic you have chosen**
6. **Submit the Letter of Agreement Form from your Governing Authority.**

**This Individual application, for selection on a team, is due by February 9, 2016 at 5:00pm.**

**Selection criteria is based on the following:**

|  |  |  |
| --- | --- | --- |
| Selection Criteria | Total  Possible Points | Points Awarded |
| Is the individual application complete?  Personal Contact information and signature submitted? | 10 |  |
| Was a need chosen from the three offered?  Is the reason for choosing one of the three topics compelling and  well-thought out? | 25 |  |
| Is a complete and signed letter of support form from the Governing Authority received? | 40 |  |
| Would the individual benefit from attending ILEAD USA? | 25 |  |
|  |  |  |
|  |  |  |
|  |  |  |
| TOTAL POINTS | 100 |  |

**NOTIFICATION OF ACCEPTANCE**

Email notifications of acceptance will be sent by February 15, 2016.

**QUESTIONS?**

If you have any questions, please do not hesitate to contact   
Diana Megdad, Pennsylvania ILEAD Program Director.

PHONE: 717-787-3124

EMAIL: [dmegdad@pa.gov](mailto:dmegdad@pa.gov)