

COMMITMENT TO FULLY PARTICIPATE IN THE
WASHINGTON STATE COLLABORATIVE LEADERSHIP INSTITUTE

The full participation of each member of the Institute is required and includes:

- Full-time attendance and participation at the three on-site forums
 - March 17-19, 2010 at Rainbow Lodge, North Bend
 - June 28-30, 2010 at Central Washington University, Ellensburg
 - November 8-10, 2010—Dumas Bay Centre, Federal Way
- Involvement in quarterly telephone calls with the instructor and ongoing e-mail communication
- Substantive contributions to the on-line peers discussions and peer coaching conference calls/meetings
- On-time completion of individual and group assignments including assigned reading, written reflection papers and activities
- Development and maintenance of an individual development plan
- Timely selection and, at minimum, monthly communication with approved mentor
- On-time completion of individual or group project that incorporates and demonstrates learning and growth achieved through CLI participation

It is the responsibility of the participant to negotiate with their supervisor/employer (if applicable) how their regular work commitments will be met while they are participating in the Institute. Participants are expected to complete CLI work on their own time unless other arrangements are made in advance. It is essential that you and your employer understand and honor this commitment to full participation. If you are unable to commit to the schedule or completion of the activities, please do not apply at this time.

I understand the requirements listed above and, if selected, promise full-participation in the Institute:

Signature _____ Date: _____
(Applicant)

I understand the requirements listed above and fully support _____ (applicant/employee) in his/her participation. I acknowledge and accept that participation in the Institute will require time away from work, and expenses to the organization. (See fee schedule for details.) I welcome this opportunity to grow the leadership of this organization.

Signature _____ Date: _____
(Supervisor or board member)