



CONFIDENTIAL APPLICATION LEADERSHIP OTTAWA COUNTY

I. PERSONAL INFORMATION

Name: _____
Last First Middle

Preferred Name: _____ Sex: _____ Date of Birth: _____

Professional Title: (Dr., Rev., etc.) _____ Home or cell Phone: _____

Home Address: _____
____ This is my preferred mailing address

Home Email address: _____
____ This is my preferred email address

Spouse's Name _____

II. EMPLOYMENT

Present Employer: _____ Date of Hire: _____

Business Address: _____
____ This is my preferred mailing address

Business Email Address: _____
____ This is my preferred email address

Job Title: _____ Responsibilities: _____

Type of Organization: _____

Work Phone: _____ Fax: _____

EDUCATION/TRAINING

| A) Name/City of School | Degree | Date |
|------------------------|--------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

B) Additional training or certifications:
Source of Training: _____ Date _____

C) Special Awards/Honors: _____

IV. COMMUNITY SERVICE

A) Volunteer and leadership role(s) at this time (include service clubs, nonprofit boards, church, etc.):

1. Organization: _____ Position: _____

Responsibility: _____

2. Organization: _____ Position: _____

Responsibility: _____

3. Organization: _____ Position: _____

Responsibility: _____

B) How much time do you spend as a volunteer in a typical month? _____

C) In what kinds of volunteer activities would you like to become active in the future? _____

V. GENERAL INFORMATION

A) What do you feel are the three most significant opportunities or problems facing Ottawa County?

1) _____

2) _____

3) _____

B) What specific skills/knowledge do you hope to develop by your participation in Leadership Ottawa County?

VI. REFERENCE

REFERENCE (Employer, Spouse, Pastor, etc.)

This candidate has my full support to participate in Leadership Ottawa County.

Name: _____ Title: _____

Organization: _____

Signature: _____

Date: _____

VII. COMMITMENT

Classes will meet each month, September through April according to the attached schedule. Graduation Ceremony and Dinner will be held in April.

To graduate from Leadership Ottawa County a participant is expected to be present for formal monthly sessions (every second Wednesday of the month, noon to 7:00 pm) and participate in field study activities (e.g. Class Community project, leadership book review and not-for-profit board visit). Class absences of more than 8 hours will be reviewed on a case-by-case basis, by the LOC Board to determine if additional assignments/activities must be completed.

VIII. TUITION

Tuition for each participant is **\$750.00**. Payment or special arrangement for payment is due before the opening session in September.

I need an invoice sent to me to complete full payment.

I need to arrange an extended payment plan – First payment needs to be made prior to Kick-off

Quarterly (4 payments of \$187.50) Monthly (9 payments of \$83.33)

Students who choose these options will pay an additional \$40.00 in tuition.

I am requesting tuition assistance (please enter the amount requested and reason for the request below).

Limited financial assistance (up to one-half of tuition) may be available for those candidates who demonstrate a clear financial need.

Amount Requested: \$ _____ **Reason:** _____

IX. AGREEMENT

I understand and share the goals of the Leadership Ottawa County program. If selected, I will devote the required time to fulfill the commitments identified above (see Section VII) and I will either pay my tuition in full or mail my deposit and make other arrangements before the opening session.

Signature: _____ **Date:** _____

X. ADDENDUM TO PROGRAM APPLICATION

Leadership Ottawa County

This Addendum (“Addendum”) is entered into by and between Leadership Ottawa County (“LOC”) and the undersigned participant (“Participant”). This Addendum supplements and amends the original Program Agreement previously executed by the parties.

Purpose

The purpose of this Addendum is to authorize Leadership Ottawa County to share certain participant information with local non-profit organizations that are seeking to fill board or committee positions.

Disclosure of Information

By signing this Addendum, the Participant consents and authorizes Leadership Ottawa County to disclose the following information to local non-profit organizations for the sole purpose of connecting participants with board and leadership opportunities:

- Participant’s full name
- Contact information (phone number, mailing address, and/or email address)

Limitations

1. Leadership Ottawa County will only disclose the information listed above.
2. Disclosure will be limited to established non-profit organizations operating within Ottawa County and surrounding communities that serve Ottawa County.
3. Information will not be sold or used for any commercial purposes.

Voluntary Consent

The Participant understands that signing this Addendum is voluntary. The Participant may revoke this consent at any time by providing written notice to Leadership Ottawa County.

Acknowledgment

By signing below, the Participant acknowledges that they have read and understand this Addendum and voluntarily agree to the disclosure of their name and contact information as described above.

Participant Signature: _____ **Date:** _____

Printed Name: _____

XI. CLOSING INSTRUCTIONS

SEND: Completed application and check.
(Make checks payable to Leadership Ottawa County)

MAIL TO: Leadership Ottawa County, P.O. Box 279, Port Clinton, Ohio 43452

APPLICATIONS will be closed on Monday, August 10, 2026, or when the class reaches 12 participants. Applicants will receive notification via email when their application has been received.

QUESTIONS: Call Michele Mueller at 419-343-7544 or Maggie Hummel at 419-707-1567 or send an email to leadershipottawacounty@gmail.com