



Maryland State Department of Education
Division of Rehabilitation Services
Leadership Exploration & Agency Programs (LEAP)

Participant Application Form

Name: _____

E-mail Address: _____

Current Position Title: _____

Office Location: _____

Length of Time at DORS: _____ Length of Time in Current Position: _____

Office, Division, and/or Position you would like to explore:

- 1st Choice: _____
- 2nd Choice: _____

1. Why you are interested in participating in this program?

2. What do you hope to accomplish by participating in LEAP? What are your goals?

3. Given the time commitment to participate in this program, describe the steps you will take to ensure a minimal impact on services to consumers and/or your regular responsibilities.

Signatures confirm the recognition that LEAP involves a substantial time commitment on the part of the applicant and demonstrates their supervisory chain's support for the applicant's participation. From all applications submitted, a selection committee will make recommendations to the Executive Staff, who will make the final selections.

Applicant Signature/Date

Supervisor Signature/Date

Program/Regional/Operations Director Signature/Date

Email completed application to:

Erica Kneessi, Staff Specialist, Training & Professional Development

Erica.Kneessi@maryland.gov

COMPLETED APPLICATIONS MUST BE RECEIVED BY:
03/31/2023