

Michigan's Great Southwest Regional Customer Service Culture Academy Application Form

Fall Academy, 2008
September 16, 2008 through November 25, 2008

Print this form out, complete and either mail or fax to:

Lake Michigan College
Mary Farrell
Community and Business Services
2755 E. Napier Ave.
Benton Harbor, MI 49022-3638
Phone: 269-926-4296
Fax 269-926-1956

APPLICATIONS MUST BE RECEIVED BY September 5, 2008

1. Personal Information

Name _____

Home Address _____

City _____

State _____

Zip Code _____

Home Telephone _____

Years in community _____

2. Employment Information

Current Employer _____

Date Hired _____

Title _____

Business Address _____

City _____

State _____

Zip Code _____

Business Telephone _____

Fax _____

E-mail _____

Briefly describe your job duties including any training and coaching duties

3. Previous Customer Service Training

Please list the training. Also discuss what you have learned from these training events.

Training _____

What have you learned from this training?

Training _____

What have you learned from this training?

Customer Service Experience

What have you done in Customer Service?

What is your philosophy of customer service?

4. Academy Participation

Please explain why you want to participate in the Customer Service Academy

What you hope to gain from this learning experience

List three priority issues or opportunities facing our community as we advance a culture of customer service.

1. _____
2. _____
3. _____

5. Statement of Commitment

Participants are required to attend 90 percent of the sessions in order graduate from the **Michigan 's Great Southwest Regional Customer Service Culture Academy**. Therefore, the candidate must have the support and commitment of their employer.

I understand the purpose of the Academy and will devote the time to the program.

Candidate's Signature_____

I endorse the candidate's participation and will allow him or her the necessary time to complete the program.

Supervisor's Signature_____

Supervisor's Name (Printed)_____

Title_____

Mailing Address_____

Phone_____

Fax_____

Email Address_____

LAKE MICHIGAN COLLEGE
TUITION PAYMENT AUTHORIZATION

_____ will pay: Tuition and Fees maximum amount: _____
(ORGANIZATION)

upon invoicing by Lake Michigan College for _____ semester _____ for the following employee:
(year)

(EMPLOYEE NAME)

(STUDENT ID)

SEND INVOICE TO:

(ORGANIZATION REPRESENTATIVE)

(TITLE)

(STREET ADDRESS)

(CITY STATE ZIP)

(REPRESENTATIVE'S SIGNATURE)

(DATE)

(TELEPHONE)

NOTICE: Organization representative's signature commits the organization to payment due when billed, subject to policies outlined in the Lake Michigan College catalog. This commitment remains whether or not the employee continues employment with the organization, withdraws, or passes the class with a satisfactory grade.