



Speak-Up, Become a Leader and Make a Difference!

**APPLICATION FORM for
The Leadership Series Class of 2011**

Please print or type and use **BLACK INK ONLY**.



The Leadership Series is for RI Residents who have a developmental disability, family members, friends and support staff. Applicants must be age 16 or older.

NAME:

ADDRESS:

CITY:

STATE/ZIP:

HOME PHONE:

WORK/CELL PHONE:

EMAIL:

*** Class members must have a way to connect through email. If you don't have an email address, share a family or friend's address that you will be able to use.*



If you belong to a Self-Advocacy group, which one is it?

MY SELF-ADVOCACY GROUP IS:

If you are connected with a support agency, and/or have a contact person who helped you fill out this application, list this information below:

CONTACT:

AGENCY:

ADDRESS:

CITY:

STATE/ZIP:

PHONE:

CELL/PAGER:

EMAIL:

Space for the Leadership Series is limited!

Applications and Support Letters are due Thursday, July 22nd, 2010

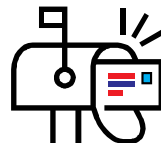
If your application is accepted, you will be invited to an interview to talk about your interest in the Leadership Series.

Everyone who wants to be in the Class needs to attend an interview.



**** Do not send a fax ****
Original material must be mailed.

Call or email us if you prefer to hand deliver your application.



Mail to: Advocates in Action
Box 41528
Providence, RI 02940-1528
Phone: 401-785-2028

E-mail: aina@advocatesinaction.org

Check all that apply:


- I am a person with a developmental disability
- Someone in my immediate family has a developmental disability
- I am a support person and will be attending the Leaderships Series with:

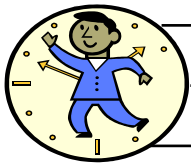
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- I use a wheelchair/walker/scooter
 - I need an accessible room at the retreat
 - I have the following dietary needs/food allergies:
 - I have these additional access requests:
 - I need to bring a support person with me*. Their name is:


*** Support staff who will be attending should complete a separate application for the Leadership Series and be ready to participate at the retreat and in class.**

- I have the following medical conditions that I need to make the Leadership Series staff aware of:

Answer these questions. Use extra paper if needed. Put your name on each page.

 How do you spend your time? Tell us about any of these that apply: your job, volunteer work, currently taking classes/in school, a member of any clubs or organizations, etc.



 Tell us about a time that you spoke up about something that was important to you. What did you speak up about? What happened? What did you learn from the experience?





Why do you want to be in the Leadership Series? A lot of people will be applying and space is limited. Why should we pick you?



ATTACH YOUR PHOTO HERE:

OR INCLUDE ONE WITH YOUR APPLICATION

Everyone who applies must send 2 Letters of Support

Support letters should come from people who know you well enough to tell us why you should be in the class. For example: friends, teachers, family, employers, etc. Only ONE letter may be from a family member. Only ONE letter may be from an agency that provides you with support services.



Letters are due by Thursday, July 22nd, 2010



List the 2 people who are sending your Letters of Support:

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____



I am applying to be in the Leadership Series Class of 2011!

This is my application. I understand that Advocates in Action may contact me and invite me to come in for an interview after they get this.

If I am accepted into the Leadership Series, I agree to:

- ✓ Attend the overnight retreat in East Greenwich, RI on Tuesday, August 31 through Wednesday, September 1st, 2010.
- ✓ Attend the classes that take place twice a month on Wednesday afternoons.
- ✓ Complete homework, work on class projects and attend out of class activities and trips.
- ✓ Attend the 2010 Statewide Self-Advocacy Conference, Thursday, October 28th, Warwick, RI.
- ✓ Attend the 2011 Statewide Meeting (Spring 2011, date to be announced).
- ✓ Stay connected outside of class by email.

Signature or mark of applicant

Date

Signature or mark of witness

Date