



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

### APPLICATION FORM for

### The Leadership Series Class of 2013

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 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:**

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

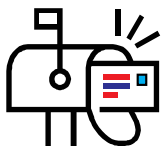
**MY SELF-ADVOCACY GROUP IS:**

### Space for the Leadership Series is limited!

**Applications and both support letters are due Wednesday, September 5th, 2012**

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.



**Mail to:**

Advocates in Action Rhode Island  
Box 41528  
Providence, RI 02940-1528

**Contact Us with Questions:**

**Phone:** (877) 532-5543  
**E-mail:** [leaders@advocatesinaction.org](mailto:leaders@advocatesinaction.org)  
**On-line:** [www.advocatesinaction.org](http://www.advocatesinaction.org)

**Check and fill in all the information that applies to you:**

- I am a person with a developmental disability
- Someone in my immediate family has a developmental disability
- I use a wheelchair/walker/scooter
- Advocates in Action cannot provide personal care assistance. If you need to bring a support person, ask them to complete a separate application and write their name below:

\_\_\_\_\_

\* If you are accepted into the class, your support person will also be accepted!

- I am a support person and will be attending the Leadership Series with:

- List any food allergies, dietary needs, medical conditions or other access needs that we should be aware of:

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



Tell us about yourself. Do you have a job, do volunteer work, go to school, belong to any social, sports or other clubs?



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List five words that describe you:

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*ATTACH YOUR PHOTO HERE:*

*OR INCLUDE ONE WITH YOUR APPLICATION*



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?

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### Everyone who applies must send 2 Letters of Support

Ask 2 people to send us a short letter telling us why they think you should be in the Leadership Series. One letter should be personal (*ie: family, friends*). The 2nd letter should be professional (*ie: employers, support agency staff, previous Leadership Series graduates*).



**Letters are due by Wednesday, September 5th, 2012**



List the people who are sending your Letters of Support:

PERSONAL REFERENCE NAME: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PROFESSIONAL REFERENCE NAME: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



### I am applying to be in the Leadership Series Class of 2013

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

- ✓ Attend the all-day retreat in West Greenwich, RI: Friday Sep. 28th, 10am-3:00pm (9:45 arrival time)
- ✓ 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 Statewide Self-Advocacy Conference, Thursday, 10/25/12, 8:30am-5:00pm, Warwick
- ✓ Attend the 2013 Statewide Meeting, Monday, 3/25/13, 6-9pm, Warwick
- ✓ Stay connected outside of class by email.

\_\_\_\_\_  
Signature or mark of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or mark of witness

\_\_\_\_\_  
Date