



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

**APPLICATION FORM for
The Leadership Series Class of 2015**

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:

Applications and letters of support are due Weds, 8/13/14

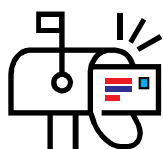
***** Send us an email to let us know when you've put your application in the mail ****
mail to: leaders@advocatesinaction.org

If your application is accepted, you'll be invited to a group interview on Weds, **8/20/14**
to talk about your interest in the Leadership Series.

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

Mail to:

Contact Us with Questions:



Advocates in Action Rhode Island
Center for Excellence & Advocacy
662 Hartford Ave
Providence RI 02909

Phone: (877) 532-5543
E-mail: leaders@advocatesinaction.org
Find out more on-line at:
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
- ☐ We 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!

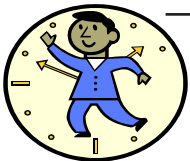
- ☐ I am a support person and will be attending the Leadership Series with:

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

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?



List five words that describe you:



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?

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 August 13th



List the people who are sending your Letters of Support:

PERSONAL REFERENCE NAME: _____

Relationship: _____

Phone: _____ Email: _____

PROFESSIONAL REFERENCE NAME: _____

Name: _____

Phone: _____ Email: _____



Committments to be in the Leadership Series Class of 2015

As part of your application, sign below to show you understand these additional requirements:

- ☐ Attend the all-day retreat from 10am-3pm on Wednesday, September 3rd at the Center for Excellence and Advocacy (CEA), 662 Hartford Ave, Providence RI
- ☐ Attend the classes that take place several times a month on Wednesdays at the CEA
- ☐ Complete homework, work on class projects and attend out of class activities and trips
- ☐ Attend the Statewide Self-Advocacy Conference, Thursday, 10/30/14, 8:30am-5:00pm, Warwick
- ☐ Attend the 2015 Statewide Meeting, which will be held in March 2015 (*Date and time TBA*)
- ☐ Be able to send and receive email to stay connected outside of class

Signature or mark of applicant

Date

Signature or mark of witness

Date