Application for the Leadership Series Class of 2019
Advocates in Action Rhode Island
Box 41528, Providence, RI 02940-1528

Use black ink and print each of your answers as clearly as possible, or ask someone to help you write as you complete this form. You can also download a PDF version from our website, and use Adobe Acrobate to type your answers. Whatever method you use, your application must be clear so we can read it. This is important because, if we can't read your handwriting, we may not be able to process your application.

Contact us if you have any questions, or need more information:

www.AdvocatesinAction.org | 1-877-532-5543 (Toll Free) | Leaders@AdvocatesinAction.org

Applicant Contact Information

First Name:	**Last Name:**		
Address:			
City:	**State:**	**Zip:**	
Primary Phone:	◯ Home	◯ Cell	◯ Work
Text Messaging: Write your number below if you would like us to text you with class updates			
About Using E-Mail: Class Series members must be able to access and correspond by email throughout the year. If you do not use email, you can meet this requirement by asking someone who does to help you.			
E-mail Address:			
Who Owns this E-mail Account?			

How is the owner of this email related to the applicant?	◯ Applicant's E-Mail	◯ Family Member	◯ Agency Staff	◯ Friend

Contact Person Information (optional)

Let us know if there's someone we should contact in addition to the applicant, or write "NA"

First Name:	**Last Name:**		

How is your Contact Person related to you (the Applicant)?	◯ Family Member	◯ Agency Staff	◯ Friend	◯ Other

Primary Phone:	◯ Home	◯ Cell	◯ Work
Text Messaging:			
Contact E-Mail Address:			
If someone helped you with your application, write their name and how they're related:			

➡ Applications are Due Friday, August 3rd, 2018 ⬅

Eligibility and Accommodations

The Leadership Series is for RI residents who have a developmental disability, along with family members, support staff, and friends, who are attending to provide assistance. Applicants must be age 18 or older. Check the correct boxes and *answer all of the questions that apply to you:*

❑ I am a Rhode Island Resident	❑ I am 18 or older	❑ I have a Developmental Disability

❑ I will need to bring a Support Person to class	Your support can be a family member, agency staff, or friend, who can provide the assistance you need in class. Please ask them to complete their own application so you can both be in the 2019 Leadership Series and graduate together!

Name of my support person:

❑ I will be attending to support a fellow class member	How are you related to the person you'll be supporting? =>	◯ Family Member	◯ Agency Staff	◯ Friend

Name of person I will be supporting:

Describe any medical concerns, accessibility requests, or other issues you have, and the types of accommodations you will need to make your Leadership Series experience successful:

Questions and Answers

Answer the following questions to the best of your ability. Use the additional questions that are listed in each section to help figure out your answer, and decide which details to include. If you need to use extra paper, remember to write your name and the question number on each additional page.

(1) How are you connected to the RI Developmental Disabilities Service System?

1

- What types of services do you receive, and how do you manage them? Do you receive day, residential, and/or vocational services? Do you Self-Direct your services or use an agency?
- If you're connected with a provider agency, which one(s) do you use?
- Do you have enough support to participate in Leadership Series Activities, both in and outside of class? i.e.: Transportation to class and related events throughout the year, using e-mail, working on group projects with others outside of class, completing homework assignments, and more!

(2) How do you spend your time on a typical weekday, and who do you spend it with?

- If you have a job, what do you do and how many hours do you work?
- If you're not working, are you developing vocational skills or looking for a job?
- What other activities are you engaged in during the day?
- Do you belong to any community groups? Are you taking any classes, or doing volunteer work?

(3) How are you connected with the RI Self-Advocacy Movement?

- Will the Leadership Series be one of your first Self-Advocacy related experiences?
- Do you belong to a local Self-Advocacy group?
- Have you attended the annual Self-Advocacy conferenece, and/or Statewide SA Meeting?
- Do you have friends/colleagues who were in a previous Leadership Series Class?

(4) List Five Words that describe you.

1.

2.

3.

4.

5.

Applications are Due Friday, August 3rd, 2018

(5) Why do you want to take the Leadership Series?

5

- How/Where did you hear about the Leadership Series?
- Why do you want to be in this year's class?
- What is one topic you'd like to learn/learn more about in class, and why?

Hey There Future Leaders,
Thanks for your interest in the Leadership Series!
This application is NOT A TEST.
Just RELAX, and answer to the best of your ability.
No Worries ... You'll Do GREAT!!!

Call or Send Us An E-Mail with Questions About Applying for The Leadership Series Class of 2019

1-877-532-5543
TOLL-FREE

Leaders@AdvocatesinAction.org

Letters of Recommendation

A Letter of Recommendation is like a sales pitch from someone who knows you well, and thinks you should be in the Leadership Series class. Every applicant must have two Recommendations:

1) Personal Recommendation: This should be written by someone who knows you well, who you trust and respect. This is called a "Personal Recommendation" because you've developed a relationship by choice, and not just due to circumstances. Their letter will explain how you're related, and why they know you'll be successful in the Leadership Series. Ask family, friends, or others who you have a close relationship with to write this.

2) Professional Reccomendation: This should be written by someone who knows you in a professional capacity, such as your current or previous employer, a teacher, the supervisor at a place where you volunteer, or staff from your provider agency. Their letter will state how they know you, identify some of your professional strengths and skills, and explain why they believe you should be in the Leadership Series.

Letters of recommendations are due on Friday, August 3rd

Personal Reference:	
Relationship to Applicant:	
Phone:	*E-Mail:*
Professional Reference:	
Relationship to Applicant:	
Phone:	*E-Mail:*

Leadership Series Activities and Responsibilities

The Leadership Series is informative and lots of fun. It's also a BIG commitment. We've listed some of the things you will be responsible for during the year to help you realize the amount of time and energy involved. This may look like a lot but don't stress. Believe in yourself and you'll be awesome!

- > Attend regularly scheduled classes at the Advocates in Action RI office, 662 Hartford Avenue in Providence. Classes meet several times a month, on **Wednesday Afternoon, from 1:00-3:00pm.**
- > Attend the **Kick-Off Retreat on Wednesday, September 12th, from 10am-3:00pm.**
- > Attend **RI's Statewide Self-Advocacy Conference on Thursday, October 25th, 2018.**
- > Co-Present with fellow classmates at **RI's Annual Statewide Self-Advocacy Meeting in March 2019.**
- > Participate in occassional class-related events, meetings and presentations (*schedule permitting*).
- > Use the same e-mail address for all of your correspondence with the AinA Leadership Team and fellow classmates.
- > Notify AinA if you change your e-mail address, or other contact information.
- > Call or e-mail to RSVP and confirm the schedule the week before each class.
- > Complete homework and work on group projects outside of class.
- > Be Flexible • Respect Others • Have a Sense of Humor • Be Willing to Try Something New • Listen • Don't Judge • Work Hard • Play Harder • Relax • Have Fun • ***Get Ready for Something Awesome!***

Group Interviews

Everyone who applies for the Leadership Series needs to attend a group interview. Select all of the times you're available to attend on the calendar below. We'll be in touch to confirm the date and time.

Wednesday, August 15th	Wednesday, August 22nd
❑ 11:00am - 12:00pm	❑ 11:00am - 12:00pm
❑ 1:00pm - 2:00pm	❑ 1:00pm - 2:00pm

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Make Sure • Make Your Mark • Make a Copy • Make the Deadline

Hang in there ... You're almost done! Before you put your application in the mail, double check the details. **Make Sure** the contact information is correct so we'll know where to send you information about class.

It's also important to **Make and Keep A Copy** for yourself. It would be unfortunate to lose your application in the mail, but it could happen. Prepare for the worst, expect the best!

Remember to apply before the deadline ends. There's no cost to attend, thanks to support from the RI Department of BHDDH, but space is limited. **Make Your Mark** in the signature box below, and send us your application as soon as possible. If you miss the August 3rd deadline, call us at 1-877-532-5543 to find out if we're still accepting applications.

Make the August 3rd Deadline!

Send Us Your Completed Application:

Advocates in Action Rhode Island
PO Box 41528
Providence • RI • 02940

Signature Box

This is MY application and these are MY answers.

Name:	Date:
Signature:	

CLICK HERE to **SAVE** this Form
*Save Form with YOUR NAME *

Applications are Due Friday, August 3rd, 2018

CLICK HERE to **PRINT** this form
(You need a printer for this)