



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

**APPLICATION FORM for
The Leadership Series Class of 2009**

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 should be able to connect through email. If you don't have a personal 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 Wednesday, July 30th 2008

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

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Check all that apply:

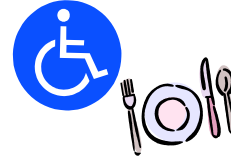


- I am a person with a developmental disability
- Someone in my immediate family has a developmental disability
- I work as a direct support staff for people who have developmental disabilities

List any accessibility and/or support needs you have:



- I use a wheelchair/walker/scooter
- I need an accessible room at the retreat
- Dietary needs/food allergies: _____
- Other Access Requests: _____



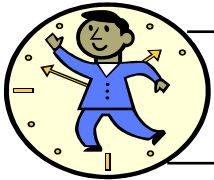
Medical concerns that we need to know about:

I need to bring a support person, their name is: _____

*** If you will be bringing a support person, they are also eligible to apply for the Leadership Series, attend class and graduate!*

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

1) How do you spend your time? Do you work, go to school, volunteer or belong to any clubs or organizations?



2) 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?



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3) 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

These should come from people who know you well enough to tell us why you should be in the class. For example: friends, previous graduates, teachers, family. *Only one can be from family and only one from staff of an agency that supports you.*



Letters are due by Weds, July 30th 2008



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 2009.



This is my application. I understand that Advocates in Action may contact 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 on **Weds, Sept. 17th - Thurs, Sept. 18th, 2008.**
- * Attend the classes that take place twice a month on Friday afternoons.
- * Complete homework assignments, work on class projects and try to attend out of class extra events and trips if possible.
- * Stay connected outside of class by email. (If you don't have email, we will help you try to figure this out!)

Signature or mark of Applicant

Date

Signature or mark of Witness

Date