



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

**APPLICATION FORM for
The Leadership Series Class of 2012**

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:

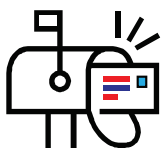
Space for the Leadership Series is limited!

Applications and Support Letters are due Thursday, August 4th, 2011

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.

**Important
DATE!**



Mail to: Advocates in Action

Box 41528

Providence, RI 02940-1528

Phone: 401-785-2028

Web: www.advocatesinaction.org

**** FAX or EMAIL ****

You can fax or email your application, but you still need to mail the original copy

Fax: 401-785-2186

E-mail: aina@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 am a support person and will be attending the Leaderships Series with:

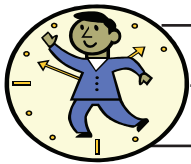
-
- I use a wheelchair/walker/scooter
 - I need an accessible room at the retreat
 - I have the following dietary needs/food allergies:
 - Advocates in Action cannot provide personal care assistance for class members. If you need to bring a support person, write their below:


*** 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.**

- List any 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.

 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

Ask 2 people to write a short letter telling us why they think you should be in the Leadership Series. Letters can come from a family member, Leadership Series graduate, support person, employer, teacher, or anyone else who knows you well enough to give you a good reference.



Letters are due by Thursday, August 4th, 2011



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 2012

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

- Attend the overnight retreat in East Greenwich, RI: Tues, August 30th - Wed, August 31st, 2011.
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 2011 Statewide Self-Advocacy Conference, Thursday, October 20th, Warwick, RI.
Attend the 2012 Statewide Meeting
Stay connected outside of class by email.

Signature or mark of applicant

Date

Signature or mark of witness

Date