



The Vermont Leadership Series

Find your voice! Learn how to advocate for change!

Application for Participation

The deadline to submit your application is November 1, 2016

★ **TIP:** Before filling out this application read through the Leadership Information Packet at: <http://ddc.vermont.gov/vtleadershipseries>

Name: _____

Physical Address: _____

Daytime Phone: _____

Evening Phone: _____

Mailing Address: _____

Cell phone: _____

E-Mail(s): _____

Please check the category that fits you:

I am a person with a developmental disability.

I describe my disability as: _____

I am a family member of a person with a developmental disability.

My family member is: Adult Child, Age: _____

I describe his/her disability as: _____

Other: _____

Please answer each question with as much detail as you can so that we can get to know you and why you want to participate in the Vermont Leadership Series. Be honest, creative, and tell us what you really think!

If you would like help filling out this application, you may contact:

Green Mountain Self Advocates [GMSA] (802) 229-2600

Vermont Family Network [VFN], Joanne Wechsler (800) 800-4005

★TIP: Feel free to use additional paper if needed.

1. Why are you interested in participating in this leadership training?

2. Tell us about a challenge that you have faced in your life and how you dealt with it?

3. Tell us about a time when you spoke up for yourself or for others. What worked well? What challenges did you experience?

4. Congratulations! It's 2017. You have just been chosen *Leader of the Year* by the Governor for speaking up for people with disabilities.

a. As *Leader of the Year*, what are your hopes and dreams for your own future?

b. What are your hopes and dreams for your community? (You can define "community" in any way that makes sense to you: For example, your family, your network of friends, your town).

c. What are your hopes and dreams for the State of Vermont?

5. We can't have thought of every question. Please use this space to share anything else you would like us to know about you and your interest in Leadership?

References:

Please list up to three (3) people *who are not members of your family* who can tell us about your accomplishments and why you should be chosen to participate.

★**TIP:** Leadership graduates make great references!

Name

Phone Number

1. _____

2. _____

3. (optional) _____

How did you hear about the Leadership Series?

- Check here** to show that you have read the information that explains the Series, and understand you need to participate in a group project.
- Check here** to confirm that you will attend all 3 weekend trainings (December 3-4, 2016, January 7-8, 2017, and February 11-12, 2017).

If you are planning to bring a staff member (direct support provider), please tell us the name of the person and their phone number!

Name

Phone Number

The fee for the Leadership Series is \$100.

This fee only covers a small fraction of the cost of supporting your participation. If you are not able to pay this fee we can work with you to make another arrangement.

- I can pay the fee.
- I would like to talk with Leadership organizers about an alternative arrangement for the fee.

Yours Signature

Date

Mail the completed and signed application to the organization that you would like to have nominate you for Leadership:

Vermont Family Network
c/o Joanne Wechsler
600 Blair Park Road, Ste 240
Williston, VT 05495

Green Mountain Self-Advocates
c/o Karen Topper
#2 Prospect Street
Montpelier, VT 05602

VTDDC
c/o Kirsten Murphy
322 Industrial Lane
Berlin, VT 05633-0206

★TIP! Mail your application a few days *before* the deadline of November 1, 2016 so that it arrives on time.



The Vermont Leadership Series is sponsored by the Vermont Family Network and the Vermont Developmental Disabilities Council, with support from Green Mountain Self-Advocates, the Vermont Department of Health, and the UVM Center on Disability & Community Inclusion.

