



# the Vermont Leadership Series

## Application to Participate

Find your voice! Learn how to advocate for change.

Visit the website to read more about this year's class.

<http://ddc.vermont.gov/leadership-series>

### 1. Applicant Information

<b>First and Last Name</b>	
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<b>Physical Address</b>
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<b>Mailing Address</b>
_____
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<b>Phone(s)</b>	
<b>Email</b>	

#### How do you identify yourself?

<b>My pronouns are:</b> <input type="radio"/> He/Him <input type="radio"/> She/Her <input type="radio"/> They/Them <input type="radio"/> Other:	
<b>I have</b> <input type="radio"/> <b>a developmental disability.</b>	
<b>I am a</b> <input type="radio"/> <b>Parent/</b> <input type="radio"/> <b>Sibling /</b> <input type="radio"/> <b>Child to a person with a developmental disability.</b>	
<input type="radio"/> <b>Other:</b>	

<b>I describe my/ his/ her disability as:</b>	
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<b>My race/ethnicity is:</b> <input type="radio"/> <b>American Indian or Alaskan Native.</b> <input type="radio"/> <b>Asian / Pacific Islander.</b>	
<input type="radio"/> <b>Black or African American.</b> <input type="radio"/> <b>Hispanic or Latino.</b> <input type="radio"/> <b>White / Caucasian.</b>	
<input type="radio"/> <b>Multiple / Other:</b>	

## 2. Application Questions

Please help us get to know you. Be honest and tell us what you really think! Answers do not have to be long. You can answer on a separate sheet of paper if that is easier.

**Why are you interested in Leadership training?**

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**Tell us about a challenge in your life and how you dealt with it?**

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**What are your dreams for your own future as a Leader?**

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**What is one thing you would like to see change for people with disabilities in Vermont?**

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**What accommodations will you need to fully participate in the Leadership Series?**

For example, you may want to have a staff person with you. You may need closed captioning or translation services. If you are accepted, we'll ask you more about your needs so that we're ready for you.

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**Please share anything else about you and your interest in the Leadership Series that you want us to know.**

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### 3. Other

How did you hear about the Leadership Series?

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Do you intend to bring a direct support provider? If so, who?

<b>First and Last Name</b>			
<b>Phone</b>		<b>Email</b>	

- Check here** to confirm that you will commit to attending all weekend trainings (don't worry, you'll be notified of exact dates well ahead of time if you are selected).
  
- Check here** to show that you understand the information in the Leadership Packet.

The fee for the Leadership Series is \$100.

<input type="radio"/> I can pay the full fee.	<input type="radio"/> I can pay some of the fee, \$_____
<input type="radio"/> I'd like to talk with Leadership organizers about an alternative arrangement to the fee.	

<hr/> <b>Your Signature</b>	<hr/> <b>Date</b>
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**Post-mail the completed and signed application to the organization that you would like to have nominate you for Leadership:**

*You may also email them a digital copy of your application to make sure you meet the deadline, but the original physical copy will still be required by post-mail.*

**Green Mountain Self-Advocates**

Max Barrows  
#2 Prospect Street  
Montpelier, VT 05602

[Max@gmsavt.org](mailto:Max@gmsavt.org)

**Vermont Family Network**

c/o Brianna Underwood  
600 Blair Park Road, Ste 240  
Williston, VT 05495

[brianna.underwood@vtfn.org](mailto:brianna.underwood@vtfn.org)

## Thank you for your interest in Leadership!



### **Help is available to fill out the application.**

If you would like help or need an accommodation, you should contact GMSA at [1 \(802\) 229-2600](tel:18022292600) or VFN at [1 \(800\) 800-4005, x217](tel:18008004005x217). We are open to applications in a wide range of formats, including audio or video answers to the questions.

### ***Not sure who to send your application to? Questions? Concerns?***

You may also contact VTDDC by phone: [1 \(802\) 828-1310](tel:18028281310) or email: [vtddc@vermont.gov](mailto:vtddc@vermont.gov)

The Vermont Developmental Disabilities Council is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$527,570 with 100% funding by ACL/HHS. Council efforts are those of the grantee and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.