



# the Vermont Leadership Series

## Application to Participate

Find your voice! Learn how to advocate for change.

Please see the website for details: <http://ddc.vermont.gov/plan-and-projects/leadership-series>

### 1. Applicant Information

<b>First and Last Name</b>	
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Physical Address
_____
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Mailing Address
_____
_____

<b>Phone(s)</b>	
<b>Email</b>	

#### How do you identify yourself?

I have <input type="radio"/> a developmental disability.
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I am a <input type="radio"/> Parent/ <input type="radio"/> Sibling / <input type="radio"/> Child to a person with a developmental disability.
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<input type="radio"/> Other:	
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<b>I describe my/ his/ her disability as:</b>

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

<b>First and Last Name</b>			
<b>Phone</b>		<b>Email</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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Imagine that the Governor has named you *Leader of the Year* for helping people with disabilities. You have lots of money and resources to make positive change.

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

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**B) What are your dreams for your community?**

(“Community” could mean your family or friends, or your town or state).

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**C) What are your dreams for the State of Vermont?**

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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. References

Please list up to 2-3 people (who are not family members) who can tell us about your accomplishments and why you should be chosen to participate.

*Leadership graduates make great references!*

First and Last Name	Phone
1	
2	
3	

### 4. Other

**How did you hear about the Leadership Series?**

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- Check here** to confirm that you will commit to attending all three (3) 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, including that you will be participating in a group project (called an "Action Team").

**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/>	<hr/>
<b>Your Signature</b>	<b>Date</b>

**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 Joanne Wechsler  
600 Blair Park Road, Ste 240  
Williston, VT 05495

[Joanne.Wechsler@vtfn.org](mailto:Joanne.Wechsler@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 \(802\) 876-5315](tel:18028765315). 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)