



the Vermont Leadership Series

Application to Participate

Find your voice! Learn how to advocate for change.

This application is due **September 22, 2023**. Please visit the website to learn more: <http://ddc.vermont.gov/plan-and-projects/leadership-series>

1. Applicant Information

First and Last Name	
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Physical Address

Mailing Address

Phone(s)	
Email	

How do you identify yourself?

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

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

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

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?

B) What are your dreams for your community?

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

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

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

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?

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

First and Last Name			
Phone		Email	

- 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.

I can pay the full fee.
 I can pay some of the fee, \$_____

I'd like to talk with Leadership organizers about an alternative arrangement to the fee.

Your Signature **Date**

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

Vermont Family Network

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

Joanne.Wechsler@vtnfn.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

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.