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

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<th>First and Last Name</th>
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<th>Physical Address</th>
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<th>Phone(s)</th>
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<th>Email</th>
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How do you identify yourself?

<table>
<thead>
<tr>
<th>My pronouns are:</th>
<th>He/Him</th>
<th>She/Her</th>
<th>They/Them</th>
<th>Other:</th>
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I have ☐ a developmental disability.

I am a ☐ Parent/ ☐ Sibling / ☐ Child to a person with a developmental disability.

☐ Other:

I describe my/ his/ her disability as:

My race/ethnicity is: ☐ American Indian or Alaskan Native. ☐ Asian / Pacific Islander.

☐ Black or African American. ☐ Hispanic or Latino. ☐ White / Caucasian.

☐ Multiple / Other: 
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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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!*

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4. Other

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

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

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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.**

- **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@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 or VFN at 1 (800) 800-4005, x217. 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 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.