

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

#### 1. Applicant Information

First and Last Name

Physical Address	Mailing Address

Phone(s)	
Email	

#### How do you identify yourself?

My pronouns are: O He/Him O She/Her O They/Them O Other:			
I have 🔿 a developmental disability.			
I am a $\bigcirc$ Parent/ $\bigcirc$ Sibling / $\bigcirc$ Child to a person with a developmental disability.			
○ Other:			

I describe my/ his/ her disability as:	
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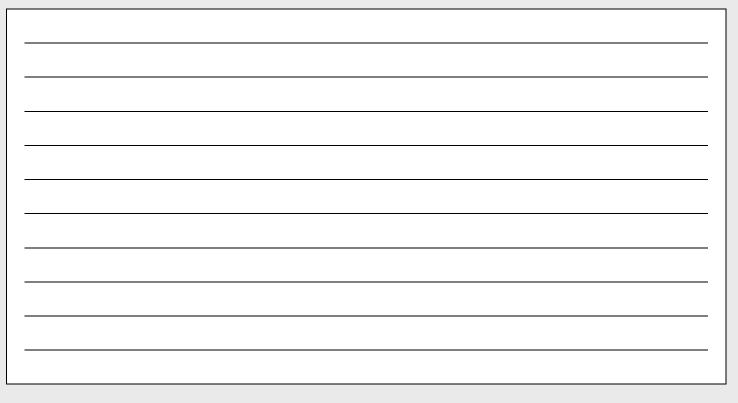
My race/ethnicity is:  American Indian or Alaskan Native.  Asian / Pacific Islander.			
🔵 Black or African American. 🔵 Hispanic or Latino. 🔵 White / Caucasian.			
O Multiple / Other:			

#### 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?

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



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

#### 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.

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.

$\bigcirc$ I can pay the full fee.	$\bigcirc$ 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**

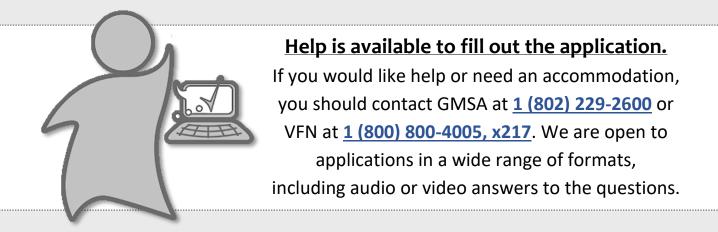
Max Barrows #2 Prospect Street Montpelier, VT 05602

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!



Not sure who to send your application to? Questions? Concerns? You may also contact VTDDC by phone: <u>1 (802) 828-1310</u> or email: <u>vtddc@vermont.gov</u>

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.