SELF-ADVOCACY LEADERSHIP SERIES

APPLICATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number/TTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you belong to any self-advocacy organization?

 Yes No

1. If you do belong, what is it called? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What town is the group in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Will you be able to give a commitment to attend the Leadership Series over a period of nine weeks?

# Yes No

1. Do you have someone who assists or supports you?

 Yes No

1. What is the name of your support person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How can we contact your support person?

*Phone number:* *(# of support staff)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Note: We recommend that a support person accompany you for at least the first class to determine your needs for class participation.

1. Do you have any special accommodations you would need to participate? For example, do you use a wheelchair; require large print or an interpreter?

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1. Do you enjoy learning new things?

Yes No

1. Do you enjoy meeting new people?

 Yes No

1. Do you think of yourself as someone who is important or who has special talents?

 Yes No

1. Please tell us a little about yourself and why you are applying for the leadership series?

 *You may add a page to this application if you need more room to write your answer.*

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 Due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For additional information, please contact: Sandy Houghton at Sandy.Houghton@state.ma.us

or Lee Larriu at Lee.Larriu@state.ma.us