

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

First and Last Name					
Physical Address			Mailing Address		
Phone(s)					
Email					
How do you identify yourself?					
I have \bigcirc a developmental disability.					
I am a					
Other:					
I describe my/ his/ her disability as:					
Do you intend to bring a direct support provider? If so, who?					
First and Last Name					
Phone		Email			

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	Why are you interested in Leadership training?				
Tall us about a challenge in your life and how you doalt with it?					
Tell u	s 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)	A) What are your dreams for your own future as a Leader?			
D/	NA/hat ava vavy dvaama fay vavy aamannity?			
	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?			

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 member accomplishments and why you should be chosen to part	•		
Leadership graduates make great references!			
First and Last Name	Phone		
1			
2			
3			
4. Other How did you hear about the Leadership Series?			
 Check here to confirm that you will commit to attending (don't worry, you'll be notified of exact dates well ahe compared to show that you understand the informating including that you will be participating in a group project. The fee for the Leadership Series is \$100. 	ead of time if you are selected). ion in the Leadership Packet,		
I can pay the full fee. I can pay some of the fee, \$			
○ I'd like to talk with Leadership organizers about an alt			
Your Signature			

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

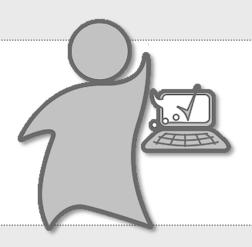
Max@gmsavt.org

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 (802) 876-5315. 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