the Vermont Leadership Series
Application to Participate
Find your voice! Learn how to advocate for change.


1. Applicant Information

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How do you identify yourself?

- 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:

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

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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).

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

___________________________________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________________________________
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___________________________________________________________________________________________________________________________________________________
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?

☐ 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 (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