

Advocates in Action

Self-Determination/Leadership Training Project

This program is implemented by The Arc of Kentucky, Inc.

Application for Participation

Name of Applicant _____

Address _____

City _____ County _____ State _____ Zip Code _____

Daytime Telephone _____ Evening Telephone _____

Fax _____ E-Mail _____

Participant Information

(Mark all that is applicable to you)

1. Are you a person with a developmental disability ___ parent of person with a disability family member ___ professional working with people with disabilities ___?
2. Male ___ Female ___ Age(Optional) ___
3. Primary language _____
4. Ethnic Heritage
___ African American
___ Asian
___ Hispanic
___ Native American
___ White
___ Other

5. Describe your own disability, your child's disability, your sibling/family member's disability or the disability of individuals with whom you work.

6. What type of experience have you had as a self-advocate, family member, sibling or professional or advocate for others with a developmental disability?

7. What current service are you, your child, or sibling/family member receiving?

8. Are you familiar with services that are available? Yes___ No___
If no, do you want to know more about services that are available? Yes___ No___

9. Why are you interested in participating in the Advocates in Action Project? Is there a specific concern, issue, or problem that encourages you to apply for this project?

10. Please explain how you would use your advocacy training in the future.

11. Please list any advocacy organizations in which you have participated, and describe your involvement.

12. Please indicate how you learned about the Advocates in Action Self Determination/Leadership Training Project.

13. Are specific accommodations (such as transportation, diet, interpreter, child care, etc.) needed for you to participate in this project?

14. Please list two individuals who would recommend you for this project (include name, address, and telephone).

(1) _____

(2) _____

PLEASE NOTE: A commitment to attend at least two 2-day training sessions is required to be included in the project. Emergency situations will be taken into account.

Signature of Applicant

**Please mail completed form to:
The Arc of Kentucky, Inc.
706 East Main Street, Ste. A
Frankfort, KY 40601**

The person you receive this application from may assist you in completing it, if assistance is needed.

(Printed with funds through the Cabinet for Health & Family Services)