

MAINE DISABILITY LEADERSHIP INSTITUTE APPLICATION

Please fill out each section completely. You will need to attach additional pages to provide a detailed response to some questions.

NAME:		DAY PHONE:	
STREET ADDRESS:		EVENING PHONE:	
CITY:	STATE:	ZIP CODE:	E-MAIL ADDRESS:

1. Are you a person with a developmental disability?

Yes No

(See definition of "developmental disability" on back of Leadership Institute brochure.)

If yes, what is your disability? _____
(This information helps the selection committee to make sure the program participants represent the broad spectrum of developmental disabilities.)

Please check the box for which age range you fall within: Under 18 19 – 30 years
31 – 45 years 46 years & over

2. Are you a parent of a child with a developmental disability/developmental delay?

(See definition on back of Leadership Institute brochure. If you have more than one child with a developmental disability, please provide information for each one.)

Yes No Age(s) _____

What is your child's disability/developmental delay?

How does it affect his/her ability to function in at least 3 areas of major activity (refer to definition on brochure for "major activity")?

Describe your child's school placement (if applicable).

Does your child live at home? Yes No

Your answers to the following questions will be considered by the Review Committee as part of the selection process. Please be sure you complete all sections of the application.

4. Why are you interested in participating in the Disability Leadership Institute?

5. Please tell us a little about yourself, your family and why you think you would be a good candidate for this program. What personal experience can you contribute? What are you hoping to gain from the program?

(Please complete this section on a separate page or pages.)

6. Please describe any experience you have in advocating for people with developmental disabilities. (Please note: previous advocacy experience is **NOT** a requirement of this program.)

7. Please submit two letters of recommendation from people who know you and can describe why you would be a good candidate for this program. (Examples: disability advocates, school professionals, service providers, others who can comment on your interest and experience in advocacy activities, etc.)

Name and phone numbers for persons sending letters of recommendation:

1) _____ Phone: _____

2) _____ Phone: _____

8. How did you hear about the Disability Leadership Institute?

Please note that if you are selected to participate in the Leadership Institute, you will be required to commit to all of the following:

- Travel to Augusta to attend the six weekend sessions of the program
(Note: You may wish/need to travel on Friday for each weekend session, if you live more than 2 hours travel away from Augusta.)
- Complete all homework assignments (with support from MDDC staff, as necessary)
- Complete an internship/project of your choice/design in the second year of the program

APPLICATION DEADLINE: JULY 15, 2009

Please return completed application to:

Kathleen Young

Maine Developmental Disabilities Council

225 Western Avenue Augusta, ME 04330

Phone: 207-287-4216 or TTY & Voice: 1-800-244-3990 Fax: 207-287-8001

Email: kyoung@maineddc.org Web: www.maineddc.org