



SELF-ADVOCACY LEADERSHIP SERIES APPLICATION

Name: _____

Address: _____

Town/Zip Code: _____

Phone number/TTY: _____

E-mail Address: _____

- Do you belong to any self-advocacy organization?

Yes _____ No _____

- If you do belong, what is it called?

- What town is the group in? _____

- Will you be able to give a commitment to attend the Leadership Series over a period of ten weeks?

Yes_____ No_____

- Do you have someone who assists or supports you?

Yes_____ No_____

- What is the name of your support person? _____

- How can we contact your support person?

*Phone number: (# of support staff)*_____

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

- Do you enjoy learning new things?

Yes _____

No _____

- Do you like meeting new people?

Yes _____

No _____

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

Yes _____

No _____

- 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.

Due date: February 17, 2010

Sandy Houghton
Massachusetts Developmental Disabilities Council (MDDC)
1150 Hancock Street
Quincy, MA 02169

Or by fax: 617-770-1987 or e-mail: Sandy.Houghton@state.ma.us

