



Advocate Leadership Academy (ACADEMY)

Application Deadline: June 19, 2017

ACADEMY is:

- ▶ The Advocate Leadership Academy (ACADEMY) program will meet once a week beginning on August 14.
- ▶ Each two-hour session is held at the Developmental Disabilities Planning Council. Fellows are expected to attend and participate in at least 80% of the sessions in order to receive a Certificate of Completion.
- ▶ A learning process includes each Fellow being connected with a DDPC/CSA team leader, completing an individual self-assessment, developing a goal, and actively participating in the ACADEMY activities.

You should apply if you are:

- ▶ Interested in advocating, leading, or improving disability systems in New Mexico.

For Assistance:

If you need assistance completing this application, contact Suzanne Kryder at 505-841-4571 or Suzanne.kryder@state.nm.us by June 12, 2017 (one week prior to the deadline).

Application Deadline:

- ▶ June 19, 2017
- ▶ Applications must be postmarked by June 19, 2017 or you can deliver the application to the DDPC office in person. Application may also be scanned and emailed to Daniel.ekman@state.nm.us, or faxed it to 505-451-4590, Attention Daniel Ekman.

Submit Application:

- ▶ Complete the entire application. Make and keep a copy for yourself including the first two pages of information. Applications can be mailed to:

DDPC/Center for Self Advocacy
625 Silver Avenue SW Suite 100
Albuquerque, New Mexico 87102

- ▶ Questions may be directed to Daniel Ekman at (505) 841-4558; Daniel.ekman@state.nm.us or to Suzanne Kryder at 505-841-4571; Suzanne.kryder@state.nm.us.
- ▶ Applicants will receive a notification of the receipt of your application. If you have not received notification of the receipt of your application within three business days of submission, contact Daniel or Suzanne immediately, because it means DDPC/CSA has not received your application.
- ▶ Applicants will receive notification whether they have been accepted or not into the program by July 15, 2017.

2017 ACADEMY Program Application

*This information will be kept confidential. The application must be filled out completely in order to be considered. Application is only good for **this** session. If you have completed a prior application, you will need to complete a new application by the deadline of June 19, 2017 to be considered for this session.*

Return this application by June 19, 2017 to:

DDPC/Center for Self Advocacy
625 Silver Avenue SW Suite 100
Albuquerque, New Mexico 87102

For questions, contact Daniel Ekman at (505) 841-4558; Daniel.ekman@state.nm.us or Suzanne Kryder at 505-841-4571; Suzanne.kryder@state.nm.us.

Section I – Basic Identity

Name: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Phone Number: (____) - _____ - _____

Date of Birth: (Month/Day/Year):

____ / ____ / _____

Email Address (important even if address is for someone other than applicant):

_____@_____.com

What Language(s) do you speak? _____

Do you have a guardian? Yes ___ No ___ (If yes, please complete).

Parent/Guardian Name: _____

Parent/Guardian Phone Numbers:

(____) - _____ - _____

(____) - _____ - _____

Name of Emergency Contact: _____

Relation: _____

Phone Number: (____) - _____ - _____

Section II – Open-ended Questions

Please answer all questions which apply to you. If you need additional space for your answers, add attachments as necessary.

1. Tell us about yourself:

2. Do you work or volunteer? Yes ___ No___

If yes, where? _____

3. What kind of transportation do you plan to use to attend the ACADEMY?

Public bus___ Sun Van ___ Group Home ___ Relative/caregiver ___ Self ___

4. Are you able to travel overnight? Yes___ No___

5. If you travel overnight, will you need someone to go with you? Yes___ No___

6. What do you hope to gain from the ACADEMY?

7. List involvement in organizations or civic groups and offices held. This is not a requirement to apply. (For example: Arc, Board Member; PTA, etc.).

8. What else is important for us to know about you?

9. What time of day is best for you to attend sessions on Mondays? Place a check mark next to your first choice.

_____ 10:00am-12:00 pm (noon)

_____ 1:00-3:00 pm

_____ 3:00-5:00 pm

10. List two people who know of your interest in disability and advocacy issues. (For example, employer, teacher, spiritual advisor, etc.). We may contact them for references.

A) Name: _____

B) Name: _____

Email Address: _____

Email Address: _____

Phone #: _____

Phone #: _____

Section III: Personal Commitment

The Advocate Leadership Academy requires a significant commitment of time and energy. Participation involves a weekly commitment. Please check "yes" or "no" to the following questions.

1. I am **committed** to attending weekly sessions: Yes ___ No ___

2. I am **committed** to completing homework assignments: Yes ___ No ___

3. I **understand** that this training is for me only. However, if I need a personal care attendant, they can attend. Yes ___ No ___

4. I **understand** that I am responsible and liable for myself and my personal belongings:
Yes ___ No ___

Admission to the ACADEMY program is competitive and spaces are limited.
I have read and understand this and agree to govern myself accordingly.

Signature of Applicant _____ **Date:** _____

Section IV: Other Information

Answer the following questions to help us prepare for the session if you are selected. The answers to these questions are not part of the application review process.

1. Please check ALL of the following that you have attended/completed:

- _____ DDPC/Center for Self Advocacy's Fall Class
- _____ DDPC/Center for Self Advocacy's Summer Fun Series
- _____ Disability Rights Awareness Day (DRAD)
- _____ Education for Parents of Indian Children with Special Needs (EPICS) Conference
- _____ Forward @14
- _____ Info Network Orientation
- _____ Family Leadership Conference
- _____ Pre-Legislative Forum
- _____ Partners in Policymaking
- _____ Southwest Conference on Disability (SWCD)
- _____ Summit on Advocacy
- _____ Transitions Conference
- _____ Other (describe) _____

2. Accessibility/Accommodations

a. Please check the following accommodations you would need in order to participate:

- Larger print. Font size: _____
- Sign Language Interpreter
- Language translation services. Language: _____
- Zoomtext or other zoom software

b. Will you be bringing a service animal? Yes ___ No ___

3. Travel

Participants are responsible for driving arrangements to and from the sessions.

4. Email Distribution

Check the following if you agree:

I will allow the DDPC Center for Self Advocacy to distribute my email address to other ACADEMY participants including graduates. Yes ___ No ___

I will allow the DDPC Center for Self Advocacy to distribute my email address to interested State agencies with the intent to connect to other leaders and advocates in New Mexico. Yes ___ No ___

5. What is your communication preference?

- email
- phone
- text
- Social media
- Other (Please write it here _____)

6. What computer technology are you familiar with?

- Basic computer use
- Internet
- Skype
- Zoom
- Social Media (which type _____)
- Microsoft Office
- Webinars
- Online applications

7. Identity (Optional)

Gender _____

Ethnicity African American Hispanic Native American
 Asian-Pacific Non-Hispanic, White

Other Origin: _____

(Optional) Specify the disability that impacts you:

Thank you for your interest in DDPC/Center for Self Advocacy.