



Advocate Leadership Academy (ACADEMY)

Application Deadline: Taking applications at all times

ACADEMY is:

- ▶ The Advocate Leadership Academy (ACADEMY) program will meet once a week for 14 weeks.
- ▶ Each two-hour session is held on Wednesdays 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 certified team leader, completing an individual self-assessment, developing a goal, and actively participating in the ACADEMY activities.

You should apply if you are:

- ▶ A person with disabilities and/or a family member who is interested in advocating, leading, or improving disability systems in New Mexico

For Help With The Application:

If you need help with the application, contact Daniel Ekman at 505-670-5698 or daniel.ekman@state.nm.us (one week prior to the deadline). You can also come to our downtown office and sit down with us and we can help you complete it.

Application Deadline:

- ▶ We take applications when we get them and then let people know if they get in and when the next class will start. Please note that we can't take someone who has applied and put them in a session that has already started.
- ▶ Applications must be postmarked 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.
- ▶ The earlier the better. Classes can fill up quickly and some of the paperwork takes time to be processed.

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) 670-5698; Daniel.ekman@state.nm.us or to Lindsay Sloan at 505-841-4571; Lindsay.Sloan@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 one week of submission, contact Daniel or Lindsay immediately, because it means DDPC/CSA has not received your application.
- ▶ Applicants will receive a letter letting them know if they have been accepted into the program.

2019 ACADEMY Program Application

This information will be kept confidential. The application must be filled out completely in order to be considered.

Return this application to:

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

For questions, contact Daniel Ekman at (505) 670-5698; Daniel.Ekman@state.nm.us or
Lindsay Sloan at (505) 841-4571; Lindsay.Sloan@state.nm.us.

See next page to begin with Section I

Section I – Basic Identity

1) Name:

2) Address:

3) City: _____

4) County: _____

5) Zip Code: ____ ____ ____ ____ ____

6) Phone Number: (____ ____ ____) - ____ ____ ____ - ____ ____ ____

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

____ ____ / ____ ____ / ____ ____ ____

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

_____@_____.com

9) What Language(s) do you speak?

__English

__Spanish

__Navajo

__Vietnamese

__Arabic

__Other (Please specify _____)

10) Do you have a guardian? Yes ____ No ____ (If yes, please complete 11 and 12).

11) Parent/Guardian Name:

12) Parent/Guardian Phone Numbers:

(____ ____ ____) - ____ ____ ____ - ____ ____ ____

(____ ____ ____) - ____ ____ ____ - ____ ____ ____

13) Name of Emergency Contact:

Relationship to you: _____

Phone Number: (____ ____ ____) - ____ ____ ____ - ____ ____ ____

See next page for Section II

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 (Life story, accomplishments, fun facts):

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 (For outreach events)?

Yes___ No___

If so, what accommodations do you need?

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 (What are your goals)?

7. What are your goals for working with your team members (What do you want to gain from the other people in the program)?

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

9. What else is important for us to know about you (Anything you haven't already mentioned)?

10. List two people who know you and know about your work with people with disabilities. (For example, employer, teacher, spiritual advisor, etc.). We may contact them for references.

1) Name: _____

Email Address: _____

Phone #: _____

2) Name: _____

Email Address: _____

Phone Number: _____

See next page for Section III

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 ____
5. I **agree** to sign and follow a code of conduct that will cover rules and regulations of the Advocate Leadership Academy: Yes____ No____

Admission to the ACADEMY program is competitive and spaces are limited. I have read and understand this and agree to follow through with the commitments I checked off here.

Signature of Applicant: _____ **Date:** _____

See Next Page for Section IV

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. **Do you have any food allergies?** Yes ____ No ____

If so, what are they

6. **What are your food preferences for snacks?**

7. **What is your communication preference?**

___ email

___ phone

___ text

___ Social media

___ Other (Please write it here _____)

8. **What computer technology are you familiar with?**

- ☐ Basic computer use (Required if you are not able to come in person to Albuquerque)
- ☐ Internet (Required if you are not able to come in person to Albuquerque)
- ☐ Skype or Google Hangouts (Required if you are not able to come in person to Albuquerque)
- ☐ Zoom
- ☐ Social Media (which type _____)
- ☐ Microsoft Office
- ☐ Webinars (Required if you are not able to come in person to Albuquerque)
- ☐ Online applications
- ☐ Email (Required if you are not able to come in person to Albuquerque)

9. What computer technology do you have available to use every week?

- ☐ Basic computer use (Required if you are not able to come in person to Albuquerque)
- ☐ Internet (Required if you are not able to come in person to Albuquerque)
- ☐ Skype or Google Hangouts (Required if you are not able to come in person to Albuquerque)
- ☐ Zoom
- ☐ Social Media (which type _____)
- ☐ Microsoft Office
- ☐ Webinars
- ☐ Online applications
- ☐ Can install Go To Meeting (Required if you are not able to come in person to Albuquerque)
- ☐ Email (Required if you are not able to come in person to Albuquerque)

10. Identity (Optional)

Gender_____

Ethnicity ☐ African American ☐ Hispanic ☐ Native American
 ☐ Asian-Pacific ☐ Non-Hispanic, White
Other Origin: _____

(Optional) Specify the disability that impacts you:

**You are now done with the application. You can send it to us by mail, email, fax,
or drop it off at our office. We will get back to you to let you know we have
received your application.**

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