



Advocate Leadership Academy Application

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



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

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):

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 Question

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 do you hope to gain from the ACADEMY (What do you want to learn)?

1) Name: _____

Email Address: _____

Phone #: (_____) - _____

2) Name: _____

Email Address: _____

Phone #: (_____) - _____

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 participating fully in ALL Academy activities:
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 ___

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 Advocate Leadership Academy
- 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: _____
- Assistive Software (ZoomText, JAWS, MAGic, Dragon)

3. 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 __

4. What is your communication preference?

___email

___phone

___text

___Social media

___Other (Please write it here_____)

5. 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)

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

- Basic computer use (Required)
- Internet (Required)
- Zoom (Required)
- Email (Required)

7. **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.