



# Advocates in Action

## Self-Determination/Leadership Academy

This program is implemented by The Arc of Kentucky, Inc.

### Application for Participation

Name of Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_  
Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

#### Participant Information

*(Mark all that is applicable to you)*

1. Are you a person with a developmental disability \_\_\_\_\_ parent of person with a disability \_\_\_\_\_ family member, i.e. grandparent, sibling, other, please indicate \_\_\_\_\_ foster parent \_\_\_\_\_ professional working with people with disabilities \_\_\_\_\_?

2. Male \_\_\_\_\_ Female \_\_\_\_\_ Your son's/daughter's age (optional) \_\_\_\_\_

3. Primary Language \_\_\_\_\_

4. Ethnic Heritage

African American \_\_\_\_\_

Asian \_\_\_\_\_

Hispanic \_\_\_\_\_

Native American \_\_\_\_\_

White \_\_\_\_\_

Other \_\_\_\_\_

5. Describe your own disability, your child's disability, your sibling/family member's disability or the disability of individuals with whom you work.

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6. What type of experience have you had as a self-advocate, family member, sibling, foster parent, professional or advocate for others with a developmental disability?

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7. What current services are you, your child, or sibling/family member receiving?

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8. Are you familiar with services that are available? Yes\_\_\_\_ No\_\_\_\_  
If no, do you want to know more about services that are available? Yes\_\_\_\_ No\_\_\_\_

9. Why are you interested in participating the Advocates in Action Project? Is there a specific concern, issue, or problem that encourages you to apply for this project?

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10. Please explain how you would use your advocacy training in the future.

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11. Please list any advocacy organizations in which you have participated, and describe your involvement.

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12. Please indicate how you learned about the Advocates in Action Self Determination/ Leadership Training Project.

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14. Are specific accommodations (such as transportation, diet, interpreter, child care, etc.) needed for you to participate in this project?

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16. Please list two individuals who would recommend you for this project (include name, address, and telephone).

(1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: A commitment to attend at least two 2-day training sessions is required to be included in the project. Emergency situations will be taken in account.**

\_\_\_\_\_  
**Signature of Applicant**

**Please mail completed form to:  
Patty Dempsey, Executive Director  
The Arc of Kentucky, Inc.  
706 East Main Street, Ste. A  
Frankfort, KY 40601**

The person you receive this application from may assist you in completing it, if you need assistance. For additional information or assistance from The Arc, please feel free to contact Patty Dempsey at The Arc office 1-800-281-1272 or (502) 875-5225 or e-mail [ArcofKY@aol.com](mailto:ArcofKY@aol.com)