



Leadership Academy Application

Please print.

Applications must be received by Monday, August 31, 2020.

Notification of acceptance will be distributed by Friday, September 11, 2020.

Date of application:

Name, address, city, state, zip, county:

Email:

Phone (including area code):

The following questions are intended to ensure that program participants represent a diverse array of disabilities and a balance between family members and persons with disabilities.

1. Are you a person with a disability? (circle) Yes No
 If you answered "No" to this question, go on to question #2.
 - a. If "Yes", please specify your disability and provide information about how it affects your daily life.

b. What kinds of support services or technology services/devices do you use or receive?

2. Are you a parent of a child with a developmental disability? (circle) Yes No
If you answered "No" to this question, go on to question #3.

a. If so, what services do you, your family and your child receive from the county where you live?

b. What is your child's age?

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c. What is your child's disability? (circle all that apply)

Physical Cognitive Emotional/Behavioral Sensory Other

d. How does your child's disability affect his/her daily life and that of the life of your family?

e. Is your child receiving special education services? (circle) Yes No

If you answered "Yes" to this question, please describe the services.

3. Identify one or two specific problems or issues that are of greatest concern.

4. Attendance is required at each Leadership Academy session. Sessions will be held virtually, on Zoom, beginning Wednesday, September 23 and Saturday September 26. (check)

- I commit to meeting once per month, on Wednesday evening and Saturday morning, for 2-3 hours on these days, respectively.

- I commit to completing all homework assignments. Homework assignments will be given at the end of most sessions and are to be completed by the following session.

- I am employed outside the home. I have discussed with my employer about session attendance and made necessary arrangements so I can attend all sessions.
 - I am not employed outside the home.

- I have established childcare in order to attend all sessions.
 - I do not need to establish childcare.

- I have arranged support to participate in sessions and complete homework assignments, based on my disability-related needs.
 - I do not need to make these arrangements.

- I have the necessary equipment and technology to participate in virtual Zoom sessions. (for example: a computer, a camera on your computer, internet connection)

- I have a disability and require the following accommodation(s) in order to actively participate in sessions. (for example large print, sign language interpreter, etc.):

Please tell us about yourself/your family:

1. Are you currently a member of, volunteer for, or involved with, an advocacy organization? (circle) Yes No
If you answered "Yes" to this question, what is the name of the organization and what role do you play?

2. If you are employed outside the home, tell us about your job and the kind of work you do.

3. If you are in school, tell us about the types of classes you are taking.

4. In what type of community or volunteer activities are you involved?

5. What are some of your personal interests?

Why do you want to be part of the Leadership Academy?

How did you learn about this program?

Send completed applications by mail or by email:

The Center for Disability Empowerment
510 E. North Broadway, 4th Floor
Columbus, Ohio 43214
shetrick@disabilityempowerment.net