# 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.

* The learning process includes each Fellow being connected with a Team Leader (mentor), and actively participating in a variety of ACADEMY activities.

## You should apply if you are:

* A person with disabilities, a family member or other interested party 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](mailto:daniel.ekman@state.nm.us) . You can also come to our downtown office 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](mailto:Daniel.ekman@state.nm.us), or faxed it to 505-451-4590, Attention Daniel Ekman.

* Apply early! 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](mailto:Daniel.ekman@state.nm.us) or to Lindsay Sloan at (505) 259-4013;  [Lindsay.Sloan@state.nm.us](mailto: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.

**Advocate Leadership Academy 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, NM 87102

For questions, contact Daniel Ekman at (505) 670-5698; [Daniel.Ekman@state.nm.us](mailto:Daniel.Ekman@state.nm.us) or Lindsay Sloan at (505) 259-4013; [Lindsay.Sloan@state.nm.us](mailto:Lindsay.Sloan@state.nm.us).

*See next page to begin with Section I*

**Section I – Basic Identity**

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1. \_
2. Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address:
2. City:
3. County: \_
4. Zip Code:

6) Phone Number: ( ) - -

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

/\_\_\_\_/\_\_\_\_

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

\_@ \_

1. What Language(s) do you speak?

English

Spanish

Navajo

Vietnamese

Arabic

Other (Please specify \_)

1. Do you have a guardian? Yes

No

(If yes, please complete 11 and 12).

1. Parent/Guardian Name:
2. Parent/Guardian Phone Numbers:

( \_) - - ( \_) - -

1. 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 If yes, where?

No \_

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

Public bus \_\_

Sun Van \_\_

Group Home \_\_

Relative/caregiver \_\_

Self \_\_

* 1. Are you able to travel overnight (For outreach events)?

Yes\_

No \_

If so, what accommodations do you need?

* 1. If you travel overnight, will you need someone to go with you?

Yes\_ \_\_

No\_\_\_\_\_

* 1. What do you hope to gain from the ACADEMY (What do you want to learn)?
  2. What are your goals for working with your team members (What do you want to gain from the other people in the program)?
  3. List involvement in organizations or civic groups and offices held. This is **not a requirement** to apply. (For example: Arc, Board Member; PTA, etc.).
  4. What else is important for us to know about you (Anything you haven’t already mentioned)?
  5. 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 #: ( )- -

1. 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

* 1. I am **committed** to participating fully in ALL Acadeny activities:

Yes \_\_

No

* 1. I **understand** that this training is for me only. However, if I need a personal

care attendant, they can attend.

Yes \_\_\_\_

No

* 1. I **understand** that I am responsible and liable for myself and my personal belongings:

Yes \_\_

No

* 1. 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.

## 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) \_

## Accessibility/Accommodations

* 1. 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)
  2. Will you be bringing a service animal? Yes No

## Travel

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

1. **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

1. **Do you have any food allergies?** Yes No\_\_\_\_\_

If so, what are they

## What are your food preferences for snacks?

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## What is your communication preference?

email

phone

text

Social media

Other (Please write it here )

## 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)

## 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)

## 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.*