

LEND Training Program Application for Fellowship

Basic Information:

First name: _____ Last name: _____

Street address: _____ City, State: _____

Zip code: _____ Phone #: _____

Email: _____

Race: _____ Ethnicity: ___Hispanic ___Non-Hispanic

Describe your leadership experience:

What are your experiences as a self-advocate or person with a disability?

Have you participated in any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Building Leadership Series (IIDC) | <input type="checkbox"/> ALPS (Special Olympics) |
| <input type="checkbox"/> Partners in Policymaking (GCPD) | <input type="checkbox"/> Best Buddies Ambassadors/Conference |
| <input type="checkbox"/> Aktion Club Leadership | <input type="checkbox"/> Community Service Organization |
| <input type="checkbox"/> Self-Advocates of Indiana | <input type="checkbox"/> Other (please list) _____ |
| <input type="checkbox"/> Board/Councils/Committees (<i>list all</i>) | _____ |

Are there any accommodations or supports that you need to participate in this program?

- | | |
|--|---|
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Personal Care Assistant |
| <input type="checkbox"/> Printed materials | <input type="checkbox"/> Large Print Materials |
| <input type="checkbox"/> Scribing/Writing Assistance | <input type="checkbox"/> Recorded training sessions |
| <input type="checkbox"/> Class materials in alternative formats (i.e. texts in Braille, on audiotape, or as digital files) | <input type="checkbox"/> Other, please list _____ |

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Work & Volunteer Experience:

Are you employed? ____Yes ____No

If yes, where do you work?

How long have you worked there?

List your past places of employment:

Please list one person we can contact as a reference.

Name _____ Relationship to you _____

E-mail _____ Phone Number _____

What skills are you most proud of and how do you think would benefit from participating in this program? (Please use an additional page if needed)

All materials should be sent to:
Sandi Owens
Riley Child Development Center
705 Riley Hospital Drive, Room 5837
Indianapolis, IN 46202
slowens@iupui.edu
317.944.8167