

# 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:

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

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## 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*