

# Partners in Policymaking



*Partners in Policymaking is funded by the Governor's Council on Developmental Disabilities with the support of the Atlanta Alliance on Developmental Disabilities*

## 2008-2009 APPLICATION

**RETURN TO: AADD: Partners in Policymaking; 1440 Dutch Valley Place, Suite 200. Atlanta, GA 30324.** Note: This application is available in Braille or on diskette upon request; call (404) 881-9777, Ext. 220. The application is on the AADD web site at [www.aadd.org](http://www.aadd.org) or contact us by email at [rita@aadd.org](mailto:rita@aadd.org).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

**Please check all appropriate responses:**

- Male       Female  
 Caucasian       African-American       Latin-American  
 Asian       Other Origin: \_\_\_\_\_

**Please complete one of the following three choices:**

- A person with a developmental disability.  
 A parent of a person with a developmental disability.  
    Age of child/children with disability \_\_\_\_\_  
 A family member, other than parent, of a person with a developmental disability.  
    Age of family member(s) \_\_\_\_\_  
    Describe relationship(s) (Sibling, spouse, etc.) \_\_\_\_\_

Please specify the developmental disability (or disabilities) for yourself, child, or family member : \_\_\_\_\_  
\_\_\_\_\_

Have you applied before?  Yes       No      If so, when? \_\_\_\_\_

Has anyone in your family participated in *Partners in Policymaking*?  Yes       No  
If so, who? \_\_\_\_\_ Did he or she graduate? \_\_\_\_\_

**Please answer all questions to follow that are applicable to you. If you need additional space for your answers, please feel free to make attachments as necessary.**

1. Why are you interested in the *Partners in Policymaking* program? Is there a specific issue that encourages you to apply?

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2. What are you most excited about learning through Partners?

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3. If you just moved to a new town, how would you begin to build relationships with others?

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4. What types of experiences have you had in advocating for people with disabilities? Please describe in detail, listing efforts in letter-writing, personal advocacy, public testimony, other training courses taken, etc.

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5. What attributes or qualities do you believe make a person a good team player?

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6. What are some of your professional skills, talents or strengths that you currently have that would help to build stronger communities for people with disabilities.

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7. What qualities do you have that make you an effective advocate?

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8. Please describe what impact you want to make in the community and how you see yourself taking what you learn from *Partners in Policymaking* back to your community.

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9. Please list current memberships in clubs, groups, and associations and offices held.

**Name of Organization**

**Office(s) Held and Year Held**

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10. Please list the names, addresses and phone numbers of two individuals who would endorse your application. We will contact your references in the selection process.

Name

Address/email

Phone Number

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Please also attach a 1-2 page statement from a leader in your community stating why you would make a good participant in the Partners in Policymaking course.

11. How did you learn about *Partners in Policymaking*?

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### PERSONAL COMMITMENT

The Partners in Policymaking project requires a significant commitment of time and energy. Participation involves a two-day program per month from September 2008 through May 2009. Each month, homework and activity reports are required to be completed and submitted at the next session. In addition, each participant must select a major project to complete during the course of the year, with a presentation of the project required at the April or May session. Please consider your commitment to this project before applying.

12. I am **committed** to attending eight, two-day sessions:  Yes  No

I understand that attendance is **mandatory**:  Yes  No

13. I am **committed** to completing monthly homework assignments:  Yes  No

I understand that completing homework assignments is **mandatory**:  Yes  No

14. I am **willing** to complete one major project (research paper, internship, letter-writing campaign, etc.):  Yes  No

15. I understand that completing the major project is **mandatory**:  Yes  No

16. My hometown newspaper is (name of publication and city):

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17. I will need the following accommodations in order to participate in *Partners in Policymaking*.

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***Thank you for your interest in Partners in Policymaking. Please feel free to share copies of this application with anyone you know who may also be interested.***