

**Please return to
PC2 by 8/1/10!**

PC2 for Developmental Disabilities

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Emerging Leaders - Building the Future Leadership Development Training

Participant Application and Profile

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ (Home) _____ (Work)

1. Please tell us a little about yourself and your family. (You may attach additional sheets if needed.)

2. You are:

- A person with a disability
- The parent of a son or daughter with a developmental disability

3. Describe the services (school, respite care, adult services, case management, etc.) you or your child currently receive:

- a. Describe the community resources and supports that you or your child currently receive:

 - b. Describe school placement, if applicable:

 - c. Describe residential placement, if applicable:
4. Have you ever advocated for something you (or your son or daughter) needed? Have you considered leading a personal or group effort focused on your need?

 5. Why are you interested in participating in the Leadership Development Program? Include specific issues or areas of concern within developmental disabilities that you hope to see addressed.

 6. Do you feel you can make an on-going commitment to use your Leadership Training for the benefit of people with disabilities?

 7. Will you make a firm commitment to participating in the workshops and activities involved (assuming you receive the support you need) in the fall of 2010?

 8. Are there any special accommodations you need in order to participate in this program (interpreter, etc)? Please describe the supports or accommodations you need.