



## AZ Partners in Leadership

Presented by *Pilot Parents of Southern Arizona*

### 2018-19 APPLICATION

**RETURN THIS APPLICATION BY SEPTEMBER 28, 2018 TO:**

Pilot Parents of Southern Arizona  
2600 N. Wyatt Drive Tucson AZ 85712  
For questions about the application contact Karen Kelsch at  
(520) 324-3150 or email [karen@pilotparents.org](mailto:karen@pilotparents.org)

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Caucasian  African American  Hispanic  Native American

Pacific Islander  Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a US Citizen?  YES  NO

***Attach copy of Voter Registration Card***

Are you a resident of Arizona?  YES  NO

***Attach copy of AZ Driver's License/ID***

**PLEASE CHECK THE FOLLOWING CHOICES THAT APPLY TO YOU:** See federal definition of developmental disability on last page of this packet.

An individual with a disability Specify disability: \_\_\_\_\_

Are you your own guardian?  YES  NO

A parent of an individual with a disability

Child's age: \_\_\_\_\_ Specify child's disability: \_\_\_\_\_

A family member, other than parent, of an individual with a disability

Family member's age: \_\_\_\_\_ Specify disability: \_\_\_\_\_

**APPLICATION QUESTIONS:** 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. Is there one specific issue, area of concern, or problem that encourages you to apply to this program?

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2. Please describe how disability affects your life, either personally or through a family member with a disability.

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3. What services are you or your child currently receiving: (For example: therapy, respite care, case management, vocational, etc.)?

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4. Please list involvement in organizations or civic groups and offices held. Note that this is not a requirement to apply. (For example: Arc, Board Member; PTA, President; etc.)

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

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6. Is there anything else that is important for us to know about you?

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7. How did you learn about AZ Partners in Leadership?

- Partner who already graduated: \_\_\_\_\_
- Agency: \_\_\_\_\_
- Email from: \_\_\_\_\_
- Other: \_\_\_\_\_

8. Please list 2 people (that are not related to you) who know of your interest in disability issues. Please complete their contact information below and have each one complete the *Recommendation Questionnaire* included at the end of this application.

A. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

B) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**ACCOMMODATIONS**

1. Please check the following accommodations you would need to participate:

- Wheelchair access
- Large print. Font size: \_\_\_\_\_
- Seating near front
- Language translation services. Language: \_\_\_\_\_
- Other (be specific): \_\_\_\_\_

2. Do you currently have a personal care assistant for your daily living needs?

- YES       NO

3. SPECIAL MEAL REQUESTS: AZ Partners in Leadership will make their best effort to accommodate meal accommodations but it is up to the participant to remind staff to insure their needs are met. Partners in Leadership cannot be responsible for the modifications to meal requests.

Please check the special meal requirements that apply:

- Vegetarian
- Vegan
- Food allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

4. HOTEL ACCOMMODATIONS: Participants will be provided lodging at a designated hotel at double occupancy. Rooms are only available for participants (not their family members, friends, etc.). IMPORTANT NOTE: The Partners program does not provide onsite respite/child care.

Will you require an accessible room?       YES       NO

### PERSONAL COMMITMENT

The AZ Partners in Leadership program requires a significant commitment of time and energy. Participation involves a two-day program over eight weekend sessions. Each session, simple homework is required to be completed and submitted at the next session. Please consider your commitment to this program before submitting your application.

1. I am **committed** to attending eight, two-day sessions:  YES     NO
2. I understand that attendance is **required**:                                       YES     NO
3. I am **committed** to completing monthly homework assignments:     YES     NO
4. I am **committed** to completing a post-graduate project, of my choosing, within the parameters set by the Coordinator, within six months of graduation.  
  
 YES     NO

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDATION QUESTIONNAIRE** *(Recommendations completed by relatives will not be accepted)*

Name of applicant: \_\_\_\_\_

Your relationship to applicant: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Does he/she participate in community activities?  YES  NO

Has the applicant been involved in advocacy activities?  YES  NO

If yes, what? \_\_\_\_\_

\_\_\_\_\_

Do you feel the applicant has the commitment necessary to complete **ALL** eight **MANDATORY**

two-day weekend Partners in Leadership training sessions?  YES  NO

Partners participants are expected to network with their classmates as well as legislators and policymakers. Please describe the applicant's skills in social networking.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I certify that all of the information provided in this questionnaire is complete and accurate to the best of my knowledge and has been voluntarily disclosed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**RECOMMENDATION QUESTIONNAIRE** *(Recommendations completed by relatives will not be accepted)*

Name of applicant: \_\_\_\_\_

Your relationship to applicant: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

Does he/she participate in community activities?  YES  NO

Has the applicant been involved in advocacy activities?  YES  NO

If yes, what? \_\_\_\_\_

\_\_\_\_\_

Do you feel the applicant has the commitment necessary to complete **ALL** eight **MANDATORY** two-day weekend Partners in Leadership training sessions?  YES  NO

Partners participants are expected to network with their classmates as well as legislators and policymakers. Please describe the applicant's skills in social networking.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I certify that all of the information provided in this questionnaire is complete and accurate to the best of my knowledge and has been voluntarily disclosed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

## When & Where?

Selected participants attend eight, two-day sessions, in Phoenix. Each session begins at 10AM on Friday and concludes at 4PM on Saturday. Attendance of all eight sessions is required. Each 2018-19 session will be held in Phoenix. **Tentative** program dates:

October 26—27, 2018

November 16—17, 2018

January 11—12, 2019

February 1—2, 2019

March 1—2, 2019

April 5—6, 2019

May 3—4, 2019

May 31—June 1, 2019

## What's the cost?

The cost of the training program is waived for participants who are selected to attend. This includes registration for eight sessions, lodging for participants, and meals, all arranged by the AZ Partners in Leadership coordinators. The AZ Partners in leadership program is supported by the Arizona Division of Developmental Disabilities.

## Need Assistance?

If you need assistance to complete this application, contact Karen Kelsch at [karen@pilotparents.org](mailto:karen@pilotparents.org) or 520-324-3158, by September 21st (one week prior to the deadline).

## Application Deadline

September 28, 2018

## Return To

Pilot Parents of Southern Arizona \* 2600 N. Wyatt Drive \* Tucson \* AZ \* 85712

Please print the application, keep a copy, and submit via fax, email or postal mail with a copy of your State of Arizona issued ID and voter registration card on or before September 28, 2018. Any questions may be directed to Karen Kelsch at (520)324-3158 or [Karen@pilotparents.org](mailto:Karen@pilotparents.org).

## Important note

You will receive a notification of the receipt of your application. If you have not received notification of the receipt of your application by October 1st, you need to contact Pilot Parents immediately because that means we have not received your application. Applicants will receive notification that they have been accepted into the program by October 12th.



## **Federal Definition of Developmental Disabilities**

The term developmental disability means a severe, chronic disability of an individual that:

**A.** is attributable to a mental or physical impairment or a combination of mental and physical impairments; **B.** is manifested before the individual attains age 22; **C.** is likely to continue indefinitely; **D.** results in substantial functional limitations in three or more of the following areas of major life activity: 1. self care; 2. receptive and expressive language; 3. learning; 4. mobility; 5. self-direction; 6. capacity for independent living; and 7. economic self-sufficiency; and **E.** “reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.”

Source: Developmental Disabilities Assistance and Bill of Rights Act as Amended (Public law 103-230 Section 10295)

*Please note that in Arizona, eligibility for DDD is more narrow than this definition.*

*This description is not used for Arizona DDD eligibility.*

Mail application and direct inquiries about this program to the address below:

**AZ Partners in Leadership**

**Pilot Parents of Southern Arizona**

**2600 North Wyatt Drive, Tucson, AZ 85712**

**Toll Free: 1-877-365-7220**

**(520) 324-3150**

**FAX (520) 324-3152**

**karen@pilotparents.org**

“Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI and VII) and the Americans with Disabilities Act of 1990 (ADA) Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, Pilot Parents prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, and disability. Pilot Parents must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means that if necessary, Pilot Parents must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that Pilot Parents will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy please contact: Karen Kelsch at (520) 324-3158. Para obtener este document en otro format u obtener informacion adicional sobre esta politica, Karen Kelsch at (520) 324-3158.”