



**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 care or services are you or your child currently receiving: (For example: therapy, respite care, specialists, care coordination, case management, home health, 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 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 and/or interpretation 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: 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. 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

Do you require a roll in shower?       YES       NO

### PERSONAL COMMITMENT

The 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. After each session, I **agree** to complete simple homework and submit it at the next session:       YES       NO
- 4. I **agree** to complete a session evaluation:       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.

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\_\_\_\_\_

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: \_\_\_\_\_

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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

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\_\_\_\_\_

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 will tentatively begin at 9AM on Friday and conclude by 4PM on Saturday. Attendance of all eight sessions is required. Each 2023 session will be held in Phoenix.

Eight new Partners in Leadership training sessions will be held on Fridays and Saturdays beginning in January 2023 running through June 2023 for exact training site and dates please contact Pilot Parents of Southern Arizona at 520-324-3150.

### **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 coordinator. 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, email us at [PPSA@pilotparents.org](mailto:PPSA@pilotparents.org) or call 520-324-3150, by November 1, 2022.

### **Application Deadline**

November 15, 2022

### **Return To**

Pilot Parents of Southern Arizona • 1647 N. Alvernon Way, Suite 1 • Tucson, AZ 85712

Please print the application, email or postal mail on or before November 15, 2022 Make sure to keep a copy for yourself. Any questions may be directed to 520-324-3150 or [PPSA@pilotparents.org](mailto:PPSA@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 November 23, 2022 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 December 1, 2022.



