



The Alliance is proud to be an initiative of the Illinois Council on Developmental Disabilities

# Ambassador Application

The Illinois Self Advocacy Alliance, an initiative of The Illinois Council of Developmental Disabilities, is excited to begin the next cycle of The Alliance Ambassador Leadership Program!

During the Ambassador Leadership Program, self-advocate participants will learn:

- Advocacy skills
- Leadership skills
- Public speaking skills

As part of the Ambassadors Leadership Program, self-advocate participants will be paid \$10/hour and receive mileage reimbursement to participate in:

- Educational webinars
- Large group trainings
- Monthly one-on-one learning with an Alliance staff member
- Independent learning

To apply for the Alliance Ambassador program, self-advocate participants must:

- Have an intellectual or developmental disability
- Be a member of an Alliance self-advocacy member group
- Be able to participate up to 5 hours per month of training for 5 months (July - November 2018)
- Be able to spend 4 hours per month training self-advocates at your agency and doing presentations in the community (January - May 2019)

You can write as much or as little as you like to answer each question or statement; 2 – 3 sentences for each is a good amount to write. You can also put your answers on a separate sheet of paper if you think you need more space.

**If this application is hard for you to understand or fill out for any reason, please let us know and we can help you. Email Tara Ahern, Disability and Advocacy Director, at [tara.advocacy@gmail.com](mailto:tara.advocacy@gmail.com) if you need help or if you want to answer the application questions over the phone.**

**Applications are due May 15, 2018 to Tara Ahern at [tara.advocacy@gmail.com](mailto:tara.advocacy@gmail.com).**



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## Ambassador Leadership Program Schedule July – November 2018

Month	Topics	Dates
July 2018	Ambassador 101	<ul style="list-style-type: none"> <li>- In Person Group Training: 7.18.18 10am - 1pm (Bloomington, IL)</li> <li>- One-on-one mentoring with Alliance staff</li> </ul>
August 2018	Research & Using Technology	<ul style="list-style-type: none"> <li>- Webinar: 8.9.18 10-11am</li> <li>- One-on-one mentoring with Alliance staff</li> </ul>
September 2018	Planning Meetings and Events	<ul style="list-style-type: none"> <li>- Webinar: 9.6.18 10 - 11am</li> <li>- One-on-one mentoring with Alliance staff</li> </ul>
October 2018	Public Speaking	<ul style="list-style-type: none"> <li>- Webinar: 10.4.18 10 - 11am</li> <li>- In Person Group Training: 10.29.18 3 - 5pm (Springfield, IL at SUSO)</li> <li>- One-on-one mentoring with Alliance staff</li> </ul>
November 2018	Advocacy & Outreach	<ul style="list-style-type: none"> <li>- Webinar: 11.8.18 10 - 11am</li> <li>- Graduation: 11.15.18 10am - 1pm (Bloomington, IL)</li> <li>- One-on-one mentoring with Alliance staff</li> </ul>



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Contact Information	
First Name	Last Name
Street Address	Apt/Suite
City	State
Zip Code	Phone
E-mail	

Do you have an intellectual or developmental disability?	YES	NO
	circle one	
Please describe the support services or technology services/devices you use and/or you need.		



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Are you a member of an Alliance self-advocacy member group YES    NO  
circle one

If YES, which member group?

In what way(s) do you participate in self-advocacy?

How do you connect with other self-advocates? For example, do you meet and talk with other self-advocates at work, in class, online, or in your community?

Why are you interested in advocacy for yourself and for others?



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What problems facing people with disabilities matter most to you as an advocate?

In what community/volunteer activities are you involved?

What are some of your personal interests?

Ambassador Applicant's Signature

Date



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## To Be Completed by Applicant's Ally/Advisor

Please share why the applicant is a good candidate for the Ambassador Leadership Program, as well as how he/she has advocated for himself/herself.

Please share how you will support the applicant in completing all aspects of the Ambassador Leadership Program, including

- Meeting space at the agency/organization/other location
- Transportation to and support for group meetings
- Transportation to speaking engagements
- Support for participating in and/or presenting at webinars
- Support and space for participating in conference calls

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Ally/Advisor Name and Signature	Date
Email Address	Phone