Partners in Policymaking Application for Participation

Name:	Mailing Address:
City:	County:
State, Zip Code:	Home Phone Number:
Work or Daytime Phone Number:	Are You: _____Male _____Female

1. Are you a person with a disability? _____Yes _____No Date of Birth_____

   If yes, please describe your disability and how it affects your ability to function in areas of major life activities:

2. Are you a parent of a son/daughter with a disability? (Please answer for each child if you have more than one child with a disability. _____Yes _____No Age(s)_____

   Describe the disability and how it affects the ability to function in areas of major life activities:

   Describe your child's school placement and any services he/she is currently receiving:

   Does your son/daughter live at home? _____Yes _____No

   Do you have other children? _____Yes _____No How many?____ Age(s)?_____

3. Why are you interested in the Partners in Policymaking Program? Is there a specific issue, area of concern, or problem that encouraged you to apply for this program?

4. If selected to participate in the Partners in Policymaking Program, will you make a commitment to attend eight two-day sessions (Fridays & Saturdays) monthly, typically from October through April? (Contact the Coordinator for exact dates.) _____Yes _____No

5. Is there any reason you would not be able to travel to attend the sessions? ____Yes ____No

6. Are there any special accommodations necessary for you to participate in this program? _____Yes _____No If yes, describe accommodations needed (accessibility, respite care, attendant services, special diet, transportation, etc):

7. Please list any membership in advocacy organizations and offices held. (Membership in an organization is NOT a requirement):

8. Please tell us a little about yourself and your family:

9. Please list two references – names, addresses, phone numbers:

10. How did you learn about the Partners in Policymaking Program?

Please submit the completed application to:

Joyce Smith, Program Coordinator	1-888-258-7949	Toll free in-state
Partners in Policymaking	1-701-258-7949	Voice / Fax
The Arc of Bismarck	711	TDD Relay
1211 Park Avenue	joyce@thearcofbismarck.org	Email
Bismarck, ND 58504		

For additional applications, visit our website at www.thearcofbismarck.org/partners