

CLASS INFORMATION

FOCUS: This training is designed to provide an introduction to advocacy for disability rights, both in systems (community organizations, legislative processes, civil rights laws, etc.) and with individuals. This 8 week course is ideal for professionals looking for Continue Education Units, community activists, and other interested individuals. It is available in-person or on-line.

WHEN: Tuesdays from 10:15 AM – 1:15 PM, March 7, 2017 – May 2, 2017*

LOCATION: The University of Denver, University Hall Room 304
2197 South University Blvd, Denver, CO 80208

*The on-line class requires the assigned modules be completed on the same weekly schedule as the in-person class, with a 30-minute weekly conference call requirement (scheduled in the evening based on participants' schedules.)

APPLICANT INFORMATION

Name:

Address:

City:

State:

Zip:

Phone:

Email:

Organization Represented:

Organization to Bill (if applicable):

CLASS DETAILS

Type of class: In-person On-line

Are you applying for continuing education units? Yes No

CCDC VOLUNTEER COMMITMENT

As a CCDC Member, you may qualify for a scholarship to cover registration fee. You must complete a separate application and commit to 120 hours of volunteer time with CCDC over the next 12 months. CCDC volunteers also are required to undergo a criminal background check.

I would like to apply for a scholarship.

I agree to the volunteer requirements stated above.

I am willing to undergo a background check.

Signature:

ACCOMMODATIONS

I need accommodations to attend class.

I do not need accommodations to attend class.

Please list/describe the accommodations you need:

APPLICATION SUBMISSION

Your completed registration form and fee (or scholarship application) must be submitted to Sheryle Hutter at shutter@ccdconline.org by Friday, February 17, 2017. Refunds for registration cancellations are available until March 1, 2017. Cancellation after March 1, 2017 will be charged a \$25 cancellation fee.

Signature of applicant:

Date:

INTRODUCTION

To help you get the most out of your class, we would like to ask you some questions about your interests, history, and skills in advocacy. Please answer as best you can. Your answers will be kept confidential and are meant to help us guide you in your path to becoming a skilled advocate.

APPLICANT INFORMATION

Name:

Phone:

Email:

ADVOCACY AND YOU

What excites you about advocacy?

What are your areas of:

Advocacy interest?

Advocacy specialty?

How are your computer skills?

I don't use one

I have limited skills

I'm okay

I'm pretty good

I'm awesome

Describe your level of education:

Describe your self-advocacy skills:

List any previous advocacy training:

Have you ever been part of a team, a musical or theater group, or other cooperative organization? Yes No
If yes, please describe:

Describe your leadership skills:

Describe your communication skills:

Describe your personality:

Describe your peer support skills:

Describe your:

Strengths:

Weaknesses:

Is there anything else you would like us to know?