

Junior Partners in Policymaking® Student Application

Thank you for applying to Junior Partners! Please fill this application out carefully. You may have someone help you complete this application, if you would like. For more information, call the Delaware Developmental Disabilities Council (DDC) at 302-739-3333

Name: _____

Address: _____

_____ Zip Code: _____

Telephone: () _____ Daytime Number: () _____

E-Mail Address: _____

1. Are you a person with a developmental disability*? (see definition at bottom of application)

_____ Yes _____ No Date of Birth: _____

2. If you do have a developmental disability, please complete questions a-d below.

a. Describe your disability and how it affects your ability to function in at least (3) of the areas of major life activity (Part "D" of the definition) _____

b. What services/accommodations are you currently receiving? _____

c. Describe your educational setting _____

d. Do you live at home? _____ Yes _____ No

3. If you do not have a developmental disability, please select one or more of the reasons below as to why you are interested in applying to this program

_____ I am looking for a summer program that will help me better understand the perspective of individuals with disabilities for personal reasons or for future employment (in education/social services/psychology/government/law)

_____ I am looking for a summer program that will demonstrate my broad range of interests and extra-curricular experiences for college applications or post-secondary employment

_____ Other reason(s). Please explain: _____

4. Are you a sibling or friend of a student with a developmental disability*? (see definition on bottom of the application)

_____Yes _____No

5. What are you hoping the Junior Partners in Policymaking Program will teach you?

6. Is there a specific issue, area of concern, or problem that encourages you to apply for this program? _____

7. Will you make a commitment to attend the five day, five night of training? _____

Yes _____ No _____

8. Are you willing to do homework assignments? _____ Yes _____ No

9. Are there any accommodations that you need to participate in this program?

____Yes _____No

If yes, please circle the accommodation(s) that you need:

- a. *Attendant (Note- the program cannot pay for attendant care, but accommodations for your attendant to stay with you can be made)*
- b. *Interpreter*
- c. *Alternative Formats for Learning Materials (Please describe)* _____
- d. *Physical Accessibility (Please describe)* _____

10. Please read this definition of ADVOCACY and complete questions A – D.

Advocacy is acting in a purposeful way to help you, another person, and/or a group of people get treatment in a society. People advocate for many reasons and they can advocate at the local, national, and international level to help make the lives of all people better. Advocacy can come in many forms. It may mean talking with legislators to change harmful laws or making speeches to your community about an issue important to you. Junior Partners in Policymaking® is about learning how to become an advocate in our society.

A. Please list any membership in advocacy, school or sports clubs organizations, and indicate any office held. It is important to note that membership is not a requirement for participation in the Partners program. _____

B. What types of experience have you had in advocating for yourself or other people with disabilities? _____

C. Please tell us a little about your life experience, education and special interests:

D. Describe how you would use the advocacy skills and information taught in the summer program after the program finishes.

14. Please list two references:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

15. How did you first find out about the Junior Partners Program? _____

16. Are you your own legal guardian? _____ Yes _____ No

17. Did someone help you complete this application? _____ Yes _____ No

If yes, who? _____

18. Please read this statement below and complete the verification information:

I verify that I have read and completed this application to the best of my knowledge.

- Applicant Signature: _____ Date: _____
- Signature of Legal Guardian (if necessary): _____ Date: _____
- Printed Name of Parent/Guardian/Custodian: _____
- Address: _____
- Home Phone: _____
- Work Phone: _____
- E-mail Address: _____

Please send ENTIRE completed application using one of the methods listed below to:

**U.S. Mail: Delaware Developmental Disabilities Council (DDC)
Attn: Jr. Partners
410 Federal Street, Suite 2
Dover, DE 19901
Phone: 302-739-3333
Fax: 302-739-2015
Email: kristin.harvey@state.de.us**

***Definition of a Developmental Disability**

The term "developmental disability" means a severe, chronic disability of a person which (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; (b) is manifested before the person attains age twenty-two; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in three or more of the following areas of major life activity: self care receptive and expressive language learning mobility self-direction capacity for independent living, and economic self-sufficiency; and (e) reflects the person's need for a combination and sequence of special, interdisciplinary, or other services which are lifelong or extended duration and are individually planned and coordinated; except that such term when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental disability 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 of 2000 (P.L. 106-402).