

Massachusetts Families Organizing For Change Western Region

Application for 2009 Family Leadership Series

Submitting this application does not ensure attendance.

You will be sent a confirmation when the application process is completed.

NAME (S) _____

ADDRESS _____

_____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____

TO HELP ENSURE THAT OUR GROUP REPRESENTS DIVERSE NEEDS AND INTERESTS, PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL. YOU MAY USE A SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED.

1. What is your relationship to the individual with disabilities (parent, sibling, grandparent, friend, etc.)?

What is his/her age? _____

If you would care to, please describe his/her disability (ies). _____

2. Are you currently involved with any family or advocacy groups?

Yes _____

No _____

Have you been involved with any family or advocacy groups in the past?

Yes _____

No _____

If you answered yes to either question, please describe your involvement:

3. What specific concerns, issues or interests do you have that lead you to want to participate in this Family Leadership Series?

4. How do you hope to utilize the information learned through the Family Leadership Series?

5. The four Family Leadership Series weekend start promptly at 10:00AM on Friday and finish no later than 4:00PM on Saturday – with time off for socializing and sleep! Are you able to make the time commitment for EACH of the following weekends?

January 30 & 31, 2009 February 27 & 28, 2009 April 3 & 4, 2009
May 2, 2009

Yes, I can attend all four weekends of the Family Leadership Series.

No, these dates are not convenient for my schedule. Please mail an application to me when you schedule your next Family Leadership Series.

6. Each of the four weekends will be held at the Yankee Inn in Lenox, MA:

I/we can arrange and afford to travel to Lenox.

I/we will need reimbursement for travel expenses.

I/we wish to car-pool with others attending from my/our area.

7. Would you need reimbursement for child care/respice care in order to attend? (An extremely limited amount of respice funding may be available. We may refer you to other sources for respice funding.)

No Yes Approximate cost/weekend \$ **or** hours/weekend

8. Please specify any special considerations (accessible room, translation, special diet, etc...) you will need in order to participate in the Family Leadership Series.

9. Is there anything else you would like to share about yourself or your family that would assist us in reviewing your application (family dynamics / family composition, your vision/hopes for the future, special hobbies/ interests, etc.)?

Thank you for your interest in the Family Leadership Series. Participation will be limited to 20-25 family members. We look forward to a prompt return of your application so that necessary accommodations can be made. Should you have any questions or need more information, please contact Betsy Krogh at (413) 562-4885 - ext.16. Or you can reach us by email at mfofcwest@mcsnest.org.

Return your completed application as soon as possible, but **no later than October 24, 2008** to:

Massachusetts Families Organizing for Change, Western Region
3 State Street
Westfield, Ma 01085