**Application for Family Advocate Trainee**

**I. BACKGROUND AND EDUCATIONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone (Home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Because our Family Trainees have qualifications that are based on life experience and formal education, we would like to get some information from you about your background. We ask

that you identify as either being, or having a family member or close relative of a child with a disability below.

List information regarding the

Name / age

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How many of your children have disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about your child(ren)’s disability.

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**Please attach a letter describing your interest in the program. Suggestions to include or other information that is important:**

1. Your experiences providing parent-to-parent support, education and/or parent advocacy.

2. Why do you want to enroll in this training program?

3. Future volunteer or employment goals relevant to this program?

4. What do you believe you can contribute to the training program?

5. What do you think qualifies you as an advanced level trainee?

6. Any special needs or requirements to participate in this program?

**II. SPECIALIZED SKILLS**

**Specialized skills** (check all areas where you have expert skills)

□Parent/Professional Collaboration □Early Intervention

□IFSP (Individualized Family Service Plan) □IEP (Individualized Educational Plan)

□ISP (Individualized Service Plan) □ITP (Individualized Transition Plan)

□Family Support Services (FSS) □Transition Services

□SSI/SSDI/Medicaid Waiver Services □Adoption/Foster Care

□Loss and Change □Grant writing

□Assistive Technology □Public Policy/Advocacy

□Services for Children with Special Health Care Needs □Public Speaking

□Other please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Technical Skills:**

□Computers (Word, PowerPoint, Excel) □Internet

□Foreign Language (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) □Media

**Specialized Skills in progress** (please list all areas where you are currently engaged in: training, self-learning, or “on-the-job” experience)

**III. EXPERIENCE WITH PARENT-TO-PARENT SUPPORT**

**Parent support groups memberships:**

Parent to parent support is focused emotional support that is driven by the parent reaching out to a peer for support. Parent-to-Parent support can be done face to face, through mail (electronic or surface) and on the phone. Please describe or summarize your experiences providing parent-to-parent support to another parent or family member.

Parent support groups meet on a consistent basis and focus on providing education and emotional support to members of the group. Please list any parent support groups you participated in and your roles with the groups.

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| --- | --- | --- |
| Dates of Membership (from/to) | Name of Organization/Group (begin with most recent) | Role in the Organization |
|  |  | [ ] member  [ ] officer please indicate: \_\_\_\_\_\_\_\_\_\_ [ ] other please indicate: \_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ] member  [ ] officer please indicate: \_\_\_\_\_\_\_\_\_\_ [ ] other please indicate: \_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ] member  [ ] officer please indicate: \_\_\_\_\_\_\_\_\_\_ [ ] other please indicate: \_\_\_\_\_\_\_\_\_\_ |

**IV. TRAINING/EDUCATION ON FAMILY ISSUES**

This section should contain a list of training on family issues you have received, presented, organized or facilitated. List by title, presenter (if other than yourself), date and location of training.

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) of Attendance (start with most recent) | Name of Conference/  Sponsoring organization/  Location/Presenters Name | Workshop/Title of Presentation | Total number of hours of training |
|  |  |  |  |
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**V. ASSOCIATION MEMBERSHIPS**

An association is a group that has formal membership procedures and criteria. Associations typically have a specific purpose and mission. Association goals are typically broad in scope. There are professional associations (e.g., TASH), and parent associations (Down Syndrome Association). Please list your membership and participation in organizations.

|  |  |  |
| --- | --- | --- |
| Dates of Membership (from/to)  Begin with most recent | Name of organization/group | Role in the organization |
|  |  | [ ] member  [ ] officer please indicate: \_\_\_\_\_\_\_\_\_\_ [ ] other please indicate: \_\_\_\_\_\_\_\_\_\_ |
|  |  | [ ] member  [ ] officer please indicate: \_\_\_\_\_\_\_\_\_\_ [ ] other please indicate: \_\_\_\_\_\_\_\_\_\_ |

**VI. COMMUNITY VOLUNTEER EXPERIENCES AND POSITIONS HELD**

|  |  |  |
| --- | --- | --- |
| Name of Organization | Dates | Description of duties and responsibilities |
|  |  |  |
|  |  |  |

**VIII. COMMUNICATION SKILLS**

**Legislative/Public Hearings/Testimony/Awards**

Please describe any experience you have providing the view of a parent or constituent. This may have been by phoning, writing, or providing verbal or written testimony to a board of directors or a legislative body. Also, include policy development activities.

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Adapted with permission from Parent Portfolio Notebook

USC University Center of Excellence, CHLA

LEND Training Program

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