

**Parent Leadership Development (PLD)**  
***Project Leadership Fellows Application Form***

Please fill out this form completely, be as specific as possible.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Daytime) \_\_\_\_\_ (Evening)

\_\_\_\_\_ (Cell/Beeper/Other)

Gender:

\_\_\_\_\_ Male

\_\_\_\_\_ Female

Profession (if applicable):

\_\_\_\_\_

Ethnicity (please write in what best describes your ethnic background):

\_\_\_\_\_

**Please choose what best describes you:**

\_\_\_\_\_ I am a parent or caregiver\* with a son/daughter who has a disability.

What is your son/daughter's age: \_\_\_\_\_ What is your son/daughter's

disability: \_\_\_\_\_

\_\_\_\_\_ I am an individual with a disability. How would you describe your disability:

\* "Parent or caregiver" is meant to include foster parents, legal guardians, or close family members who serve in a primary caregiving role.

**Do you have special assistive technology/accommodation needs? If yes, please describe below.**

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**How did you become aware of this program?**

- Received a mailing
- Found it on the web
- Friend told me about it
- Agency/Program/School
- At a meeting or training I attended
- Other \_\_\_\_\_

**SHORT ESSAYS-** (You are allowed to attach another sheet to the application if you run out of space.)

**Have you attended any other advocacy type trainings? If so, please describe briefly:**

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**What skills or knowledge do you hope to gain from your participation?**

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**During the PLD program, the participants develop an Action Plan to work on improving a particular aspect of disability programs. What kinds of things are you most interested in improving?**

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**Please write a short paragraph about why you would make a good candidate for leadership training.**

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Please return this form to:

**Isabel Garcia**

Parent to Parent of Miami

7990 SW 117<sup>th</sup> Avenue

Suite #201

Miami, FL 33183

Telephone: 305-271-9797

Fax: 305-271-6628

E-mail: [igarcia@ptopmiami.org](mailto:igarcia@ptopmiami.org)