



First Name:

Last Name:

Address:

County:

Phone Number:

Email Address:

Please select the roles that best identify you.

- ☐ Parent If yes, ages of child(ren) _____
- ☐ Person with a disability
- ☐ Professional
- ☐ Educator
- ☐ Community Member

Help us get to know you by briefly telling about yourself.

Why are you interested in becoming a volunteer advocate?

What is your experience with the public school system?

How would you rate your experience with special education in general?

☐ No Experience ☐ Some Experience ☐ Significant Experience

If you have experience, what has that entailed?

Share an example of when you helped someone find a solution, meet a need, or access a service. What actions did you take, and what was the final result?

Do you have any experience with people with disabilities? If so, please describe?

Meetings with schools and districts are typically held during school hours. Families may require flexibility to schedule communications and meetings. What is your current availability for these meetings and correspondences?

Yes/No Questions

Do you understand that this is a volunteer position with no monetary compensation? ☐ Yes ☐ No

Do you have the ability to travel to Wood and surrounding counties? ☐ Yes ☐ No

Do you have the ability to use a computer with microphone and sound for virtual meetings? ☐ Yes ☐ No

Are you available to meet during school hours 7:00 am - 4:00 pm and as needed with families? ☐ Yes ☐ No

Can you commit to attending and participating in all in-person and virtual sessions? ☐ Yes ☐ No

Can you commit to providing advocacy support to at least 6 families within one year after graduation?
☐ Yes ☐ No

Timing

Our first cohort begins January 15th, 2027

The training schedule is as follows:

- | | | |
|---------------------------------------|---|---------------------|
| • Friday, January 15th | In Person at The Blennerhassett Hotel - Parkersburg | 3:00 pm - 7:00 pm |
| • Saturday, January 16 th | In Person at The Blennerhassett Hotel - Parkersburg | 9:00 am - 3:00 pm |
| • Thursday, January 21 st | Virtual Zoom Session | 10:30 am - 12:30 pm |
| • Wednesday, January 27 th | Virtual Zoom Session | 10:30 am - 12:30 pm |
| • Saturday, January 30 th | In Person at The Blennerhassett Hotel - Parkersburg | 9:00 am - 3:00 pm |

Demographic Information- For Grant Reporting Use Only

Birthdate: _____

Ethnicity: _____

What is your occupation and employment status?

Occupation _____

☐ Not currently employed

☐ Actively Employed ☐ Full-Time ☐ Retired ☐ Part-Time ☐ Self-Employed

***Since this program can only accommodate a limited number of participants,
WVDDC uses an application process, and acceptance is not guaranteed.***

By signing this application, I acknowledge that all information is true. I understand that all training sessions, both virtual and in person, must be attended to graduate from this program.

Name: _____

Date: _____