



Self-Advocate Advisory Council Information & Application

Overview:

The MDSC is dedicated to ensuring that young adults and adults with Down syndrome have opportunities to have an active role in our organization. To help guide our organization in planning future activities for adults and to help foster the leadership of self-advocates in the MDSC and the community, we have developed the Self-Advocate Advisory Council (SAAC).

Self-Advocate Advisory Council members:

- Advise the MDSC on issues of importance to young adults and adults with Down syndrome
- Advise the MDSC on the role of self-advocates in MDSC events and programs
- Develop personal leadership and self-advocacy skills
- Participate in and plan events for adults (including SAAC quarterly socials and workshops) and participate in other MDSC programs like the MDSC Legislative Task Force
- Work as a team

- Eligibility:** Adults with Down syndrome, ages 21 and up, from anywhere in Massachusetts are eligible to apply. Adults who are interested in leadership and advocacy roles and training are especially encouraged to apply.
- Commitment:** Must be willing to serve on the Council for 2 years and attend approximately 5 meetings per year; must also be willing to participate in at least one other activity/project outside of the 5 meetings
- Location:** Meetings are held on a weeknight at the MDSC Office, 20 Burlington Mall Road, Suite 261, Burlington, MA; socials are held at various locations
- Application process:**
1. Complete the application below and send it to Colleen Endres at saac@mdsc.org, fax 781-221-0011, or mail MDSC, 20 Burlington Mall Rd, Suite 261, Burlington, MA 01803.
 2. Colleen will contact you to set up an interview. The interview is for us to learn more about you and for you to learn more about the Self-Advocate Advisory Council (SAAC). The interview will be approximately 30 minutes and will be held at a time and location that works for you and the interviewer(s).
- We would love to accept every interested applicant but have a limited number of positions available.
- Deadline:** ~~Jan. 15, 2015~~ Extended to: **Jan. 30, 2015**



DATE OF APPLICATION:				
NAME			PHONE (HOME)	
ADDRESS			PHONE (WORK)	
EMAIL ADDRESS			PHONE (CELL)	
CURRENT EMPLOYER/SCHOOL			LENGTH OF EMPLOYMENT OR GRADE IN SCHOOL	
DO YOU HAVE ANY SPECIAL SKILLS? (e.g. Playing an instrument, sign language, cooking, etc.)				
HOW WOULD YOU TRAVEL TO AND FROM EVENTS/MEETINGS?				
OTHER HOUSEHOLD MEMBERS:				
NAME	AGE	GENDER	TYPE OF JOB/SCHOOL	RELATIONSHIP
Are you an MDSC member? Please describe your involvement with the MDSC.				
How do you spend your free time (hobbies, interests, etc.)?				



Describe your experience with community service and/or leadership activities.

Why do you want to be on the Self-Advocate Advisory Council?

What types of supports would help you to successfully serve on the Self-Advocate Advisory Council?

Do you have any additional comments, information, or questions you would like to share?



REFERENCES

Please list three (3) people who know you and whom we may contact by phone as references. If possible, please include:

1. A teacher or a recent job supervisor (or both); and
2. An individual who is not a close friend or relative

NAME	PHONE(W)	PHONE(H)	How long known to you?
1.			
2.			
3.			

Did the applicant complete this form? Yes No
*If **no**, please provide the name of the person who completed this form for the applicant.*

I certify that all the statements made in this application are true, correct and complete to the best of my knowledge and are made in good faith. I understand that any misinformation may be cause for disqualification or termination.

SIGNATURE OF APPLICANT	DATE
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Date of Application:		OFFICE USE ONLY – ID NO.	
CITY/TOWN OF RESIDENCE		DATE OF BIRTH	AGE
RACE <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other: _____			
What is the primary language spoken in your home?		What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female	
What is your employment status? (Check ONE only) <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Student	If not a student, which of the following best characterizes current or immediate past employment? <input type="checkbox"/> Managerial/Professional <input type="checkbox"/> Technical/Sales/Administrative <input type="checkbox"/> Service <input type="checkbox"/> Military <input type="checkbox"/> Law Enforcement/Justice <input type="checkbox"/> Religious <input type="checkbox"/> Other: _____		
What is your highest level of education completed? (Check ONE only)		<input type="checkbox"/> Still in High School, grade _____ <input type="checkbox"/> High School Diploma <input type="checkbox"/> Certificate of Completion <input type="checkbox"/> College Courses <input type="checkbox"/> College Degree (please list): _____	