



JUNIOR PARTNERS IN POLICYMAKING 2022 APPLICATION

JUNE 19-24, 2022

University of Delaware, Newark, DE

APPLICATION DEADLINE: APRIL 1, 2022

Who can participate? If you checked all the boxes, you can participate.

- Are you 15 to 22?** (To participate, you must be at least 15 on 6/19/2022 and 22 through 6/24/2022).
- Are you a Delaware resident?** (To participate, your permanent home address must be in Delaware.
- Do you (or a sibling or parent) have a developmental disability?** (Please see the definition below):

*Definition of a Developmental Disability

The term "developmental disability" means a severe, chronic disability of a person which (a) is attributable to a mental or physical impairment or a combination of mental and physical impairments; (b) is manifested before the person attains age twenty-two; (c) is likely to continue indefinitely; (d) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency; and (e) reflects the person's need for a combination and sequence of special, interdisciplinary, or other services which are lifelong or extended duration and are individually planned and coordinated; except that such term when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial developmental disability or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

*Source: Developmental Disabilities Assistance and Bill of Rights Act of 2000 (P.L. 106-402).



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Important Information

COVID-19 SAFETY MEASURES

Every precaution will be taken to ensure the safety of all participants. Participants must comply with all The University of Delaware COVID safety protocols. Participants must show proof of up-to-date COVID vaccinations, including booster shots. Participants with an official medical waiver must have a PCR test before their arrival on campus and daily health screenings. Participants must wear masks at all times on The University of Delaware campus. The Delaware Developmental Disabilities Council (DDC) will provide masks & hand sanitizer.

The DDC will also offer a hybrid option for remote participation if needed.

PERSONAL ATTENDANTS

The DDC welcomes participants who require a personal attendant. The DDC will handle accommodations and meals for personal attendants; however, participants are responsible for making all the necessary arrangements for a personal attendant.

MEDICATIONS

The Delaware Developmental Disabilities Council and its agents cannot, by law, administer any medication. Therefore, participants (or their personal attendants) are responsible for their medications.

JUNIOR PARTNERS IN POLICYMAKING 2022 APPLICATION SUBMISSION INSTRUCTIONS

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Please take your time and answer all questions. You may have someone help you complete the application.

Submission Instructions:

Print the application from the computer. Print your answers to each question on the application, sign where necessary, and make a copy for your records. Mail, fax, or email your completed application to:

Delaware Developmental Disabilities Council Attention: Stefanie Lancaster
Margaret M. O'Neill Building, Suite 2
410 Federal Street, 2nd Floor, Dover, Delaware 19901
Phone: (302) 739-3333 | Fax: (302) 739-2015 | Email: stefanie.lancaster@delaware.gov.

Your Name: _____

Your Birthdate: (Month/Day/Year): _____

Street Address: _____

City: _____ Zipcode: _____

Main Phone Number: _____

Email Address: _____

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Tell us more about yourself:

Do you have a developmental disability?

Yes

No

If you have a developmental disability, please answer the following questions:

Describe your disability and how it affects your ability to function in at least 3 major ways in your life:

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Tell us more about yourself:

If you have a developmental disability, please answer the following questions:

Do you receive any services for accommodations or your disabilities?

Yes

No

If you do receive services or accommodations, please list them here:

If you are a student, describe your educational setting:

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Tell us more about yourself:

The Delaware Developmental Disabilities Council will make every effort to provide **reasonable** accommodations for participants who need them.

Are there any accommodations you need to participate in this program?

Yes No

If yes, please let us know the accommodations that you need:

Attendant [**PARTICIPANTS ARE RESPONSIBLE TO MAKING ATTENDANT ARRANGEMENTS**]

Interpreter

Closed Caption

Alternate Formats for Learning Materials (e.g. large print, braille, etc.) (Please describe)

Physical Accessibility (Please describe)

Other (Please describe)

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Tell us more about yourself:

To which gender identity do you most identify?






- Female Non-Binary
 Male Prefer Not to Say
 Other _____

Are you your own legal guardian?

- Yes No

With whom do you live? _____

How did you hear about Junior Partners in Policymaking?

- Social Media
     
 Friends School TV Newspaper Radio
 Place of Worship Another Event

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What are you hoping participating in Junior Partners in Policymaking will teach you?

Please tell us if there is a specific issue or area of concern that led you to apply to this program?

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A big part of Junior Partners in Policymaking is about learning how to become an advocate in our society.

Please read this definition of ADVOCACY and answer the following questions.

ADVOCACY is acting purposefully to help you, another person or a group of people get better treatment in society. Please advocate for many reasons. For example, a person can advocate for themselves and their personal growth or as a way to make the lives of all people better at a local, national and international level. ADVOCACY can come in many forms. For example, it may mean talking with legislators to change laws or making speeches to your community about important issues.

If you are a member of an advocacy, school, or sports club organization, please list them and indicate any office held in the past or currently. **Please note: being a member of an organization is not required to participate in Junior Partners in Policymaking.**

Have you had any experiences advocating for yourself or other people with disabilities? If yes, please describe them.

What are your goals for the future based on what you hope to learn in the program?

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You're almost finished!

If someone helped you complete this application, please provide their name and phone number or email address (in case we have any questions).

Name: _____

Phone #: _____ Email: _____

We want you to have fun being part of Junior Partners in Policymaking, but you must also make a commitment to participate fully, to the best of your ability in the 6-day, 5-night program.

Will you make a commitment to participate for the entire program to the best of your ability?

Yes No

Are you willing to do any "homework" assigned?

Yes No

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Just a few more things!

Please list two references:

Name: _____

Phone #: _____ Email: _____

Name: _____

Phone #: _____ Email: _____

Please let us know how you want to participate:

In-person

Virtually

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You made it!

Please read the following statement and complete the verification information:

I certify that I have read and completed this application to the best of my ability.

I understand that my signature below constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document and understand the acknowledgment above.

Applicant Signature: _____ Date: _____

Signature of Parent or Legal Guardian (if necessary)

_____ Date: _____

Address: _____

Phone #: _____ Email: _____

Delaware Junior Partners in Policymaking was created by the Delaware Developmental Disabilities Council.

Funding for the program comes from the Delaware Developmental Disabilities Council, the Administration on Intellectual and Developmental Disabilities, the Delaware Department of Education, and the Delaware General Assembly.