



**Leader Application Form for CDSMP May 16, 17, 23 and 24, 2016
Elder Services of Cape Cod and the Islands 68 Route 134 S Dennis, MA**

(Please complete ALL the required information)

Name of Applicant: _____

Contact Information:

Email: _____ @ _____ Phone () _____ - _____

Organization's Name: _____

Address: _____

Supervisor/Program Coordinators' Name _____

Supervisor's Contact Information:

Email: _____ Phone () _____

Licensing Information:

- ☐ My organization has its own license
- ☐ My organization is operating under the ESMV Statewide license

Please answer the following questions:

1. It is critical to the quality of the program that all persons trained to be Leaders are present for the entire training. Are you able to attend the full training? (all day for all 4 days)

- ☐ Yes
- ☐ No - Explain: _____

2. Attending the training **does not guarantee** that you will be authorized to lead workshops. Your trainers will support your learning by evaluating your skills according to quality standards. Only successful candidates will be authorized to lead workshops. Do you understand that attending all training days does not guarantee that you will be authorized to lead workshops?

- ☐ Yes
- ☐ No - Explain : _____

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3. Leaders need to possess specific qualities and be willing to commit to the requirements in the Leader Requirements and Qualifications handout.

Do you feel comfortable with the needed requirements and qualifications?

☐ Yes

No – Explain: _____

4. The workshops require you to speak in front of groups and write on a white board or flip chart. Are you comfortable performing these activities?

☐ Yes:

☐ No - Explain: _____

5. Please tell us if you are fluent in the following languages;

☐ English

☐ Spanish

☐ Portuguese

☐ Chinese

☐ Khmer

☐ Vietnamese

☐ Russian

☐ Other: _____

6. Do you need any need accommodations during the training? (your answer does not affect acceptance into the training):

☐ ASL/Sign Language Interpreter

☐ CART (Communication Access Realtime Translation) Provider

☐ Note taker

☐ Large print

☐ Electronic format (specify which)

☐ Wheelchair access

☐ Assistive listening device

☐ Dietary restrictions:

☐ Other: _____

Please sign below to attest you have read all the attached Leader Qualifications and Requirements and understand them:

_____ Date: _____

Please have your supervisor and or program coordinator sign below:

_____ Date: _____

For Office Use Only:

Application Reviewed by: _____ Date: _____

☐ Yes

☐ No