

# Presenters for a New Attitude



Thursday, April 24 and  
Saturday, April 26, 2008  
The Advocacy Center  
Rochester, NY  
8:45am - 5:00pm

## ***Do you have a story to share?***

You can promote greater understanding and acceptance of people with disabilities and their families by sharing your experiences. Studies show that when college students and members of the community hear personal stories, they become better teachers, social workers, health professionals and citizens!

**“Presenters for a New Attitude”** is a free two-day workshop where you will learn the skills needed to share your stories with audiences. You will do this with the encouragement and feedback of other participants, previous graduates, and experienced presenters from The Advocacy Center.



## **Requirements for participants:**

- Need to be an adult with a developmental disability or a parent/family member
- Attend the two-day workshop
- Come prepared to share your story
- Practice your presentation
- Give and take supportive feedback



Participants will be notified by April 4, 2008  
Limited stipends for child care and travel available  
Sponsored by The Advocacy Center

**12** individuals from Monroe County will be selected to participate through an application process

For an application, please visit our website: [www.advocacycenter.com](http://www.advocacycenter.com)

**Applications must be received by March 20, 2008**

**Mail or Fax to:**

The Advocacy Center  
590 South Avenue  
Rochester, NY 14620  
Fax: 585-546-7069  
Attn: Colleen Brown





5. Please list any organizations or committees to which you belong and specify your role. (Membership is not a requirement for acceptance.)

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6. Please describe your ability to work as part of a group and give an example. (The group does not have to be disability related.)

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7. If you were accepted into Presenters for a New Attitude, how would you use the information to promote acceptance of people with disabilities?

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8. On what disability areas are you interested in presenting? (i.e. effect on family, school issues, disability issues)

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9. What services are you and/or your family member receiving? (i.e., respite, service coordination, school)

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10. Please list two (2) references, including addresses and telephone numbers:

Reference 1:

Reference 2:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

11. Do you have experience with Power Point presentations?

(Experience is not a requirement for acceptance.)

Yes

No

12. Will you be able to commit to attend the two (2) day training on Thursday, April 24 & Saturday, April 26, 2008 at The Advocacy Center in Rochester?

Yes

No

12a. Are there any special accommodations necessary for you to participate?

Yes  No

If Yes, please describe: (i.e., diet, visual aides)

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12b. Will a personal needs assistant be attending with you

Yes  No

13. **Limited** reimbursement is available to cover transportation and child care costs. Will you need reimbursement for transportation and/or childcare?

Yes – approximate amount of reimbursement \$ \_\_\_\_\_ travel  
\$ \_\_\_\_\_ childcare

No

14. Mentors will be available to assist you with participation in the workshop. Will you need a mentor?

Yes  No

15. How did you learn about Presenters for a New Attitude?

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My Ethnicity is: African American Asian American Caucasian  
(circle one) Hispanic Native American  
Self Identified (specify) \_\_\_\_\_

I am:  Female  Male

My disability is or my child's disability is:  
(Circle all that apply)

Developmental Delay	Down Syndrome
Autism	Mental Retardation
Cerebral Palsy	Epilepsy/Seizure Disorder
Learning Disability	Other Neurological Impairment
Traumatic Brain Injury (TBI)	Fetal Alcohol Syndrome
Chronic Physical/Medical Condition	Prader-Willi Syndrome (PWS)
Toxic Substance Exposure	Spina Bifida
Speech/Language	Tourette Syndrome
Other (Specify): _____	

My child's age is: \_\_\_\_\_

Questions? Call Colleen Brown at The Advocacy Center (585) 546-1700, ext. 267.