

**West Virginia Leadership Academy Participant Application**



**Instructions:** Please carefully read and complete the entire application. Sign at the space indicated and return to the Leadership Academy office by the due date. Incomplete applications may be delayed being accepted into the Leadership Academy.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

**For Grant Funding Purposes:**

1. Are you a consumer of mental health services? Yes ( ) or No ( )
2. Are you a consumer of substance abuse/ addiction services? Yes ( ) or No ( )
3. Are you a relative of someone with a behavioral health disability? Yes ( ) or No ( )
4. Are you involved with a consumer advocacy group? Yes ( ) or No ( )
5. Have you participated in a wellness recovery group? (i.e WRAP) Yes ( ) or No ( )
6. Are you currently taking medication? Yes ( ) or No ( )
7. Are you on a special diet? If yes, please explain \_\_\_\_\_

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8. Do you need a smoking or non-smoking room? Circle your choice
  9. Do you have difficulty or require assistance in any of the following?  
Please Circle all that apply: Reading, Writing, Visual Hearing, Mobility, Speaking.  
Explain each area circled: \_\_\_\_\_
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10. If accepted to the Leadership Academy will you need transportation? Yes( )or No ( )

11. Are you willing to provide transportation for other to attend? Yes ( ) or No ( )

12. What is your understanding of the purpose of the Leadership Academy?

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13. What are some ways you might share information from this training in your community? \_\_\_\_\_

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14. Name one mental health issue or problem in your community that needs to be addresses? \_\_\_\_\_

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**If you agree with the following, please sign your name and date in the space indicated below:**

- If I am accepted to attend the Leadership Academy for consumers, I agree to use the skills and training I learn to help myself and others in the community and state to the best of my ability.
- While attending the Leadership Academy, I will participate as activity as possible treating others with respect and consideration.
- I understand that if I should desire to leave before the end of the Leadership Academy training, I may be asked to pay a portion of the costs paid on my behalf.
- I intend to continue to participate in future Leadership Academy activities when possible.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

- **Attach a reference letter from one person who recommends you for the Academy.**

If you are accepted to attend the Academy whom may we contact incase of an emergency?

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Please return your completed Leadership Academy application (Front and back with a reference letter) To: Kelly Lane- Leadership Academy Coordinator**

**P.O. Box 11000**

**Charleston, WV 25339**

**1-800-598-8847 ext 29 Fax: 304-342-3562**

Application **MUST** be received by (date) \_\_\_\_\_ to attend in this particular Leadership Academy session. Incomplete applications will be returned for completion.