## Regional Capacity Building for Positive Supports

## **Network Member Application**

For more information about Regional Capacity Building for Positive Supports, <u>visit our website</u>. If you have questions or want help completing the application, call 952-915-3627 or email <a href="mailto:cortneykressin@arcminnesota.org">cortneykressin@arcminnesota.org</a>.

Full	Name:					
	Last		First		M.I.	
Add	ress:					
	Street Address			Apartment/	Jnit #	
	City		State	ZIP Code	County	
Prin	nary Phone:		Email Address:			
1. '	Which identity best describe	es you? So	elect all that apply:			
	Self-advocate/person who has a disability					
	Parent or family member of	of a perso	n who has a disabili	ty		
	Friend of a person who has	s a disabil	ity			
	Disability Services Professional. Please list type:					
	Other:			<del></del>		
<b>2</b> 1	What Regional Capacity Bui	lding (RCI	R) network are you	interested in in	ining?	
	Metro		o, necurent are year		8.	
	West Central					
	South (includes both Southeast and Southwest)					
			ŕ			
<b>3.</b>	How did you find out about	Regional	Capacity Building fo	or Positive Sup	oorts?	
	Department of Human Ser	vices $\square$	Provider Agency	☐ Case Mai	nager	
	Friend or family member		County	☐ Website_		
	Othor					

4.	Why are you interested in getting involved in Regional Capacity Building for Positive Supports?
5.	What do you hope to gain from being involved in Regional Capacity Building?
6.	What special skills or experience do you have that you think would be helpful to Regional Capacity Building work? What experience do you have with <a href="Positive">Positive</a> Supports?
7.	Being a member of the network requires 1-3 hours a month. Is that something you are willing to do?
	Please return your completed application to:
	Cortney Kressin, Regional Capacity Building Manager