



## MDA 2015 Deaf Self Advocacy Training

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

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

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

VideoPhone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Employment: \_\_\_\_\_

Deaf \_\_\_\_\_ Hard of Hearing \_\_\_\_\_ Deafblind \_\_\_\_\_

You can write your response on this sheet or send a video of yourself using sign language.

1. Tell me about yourself.
2. Why are you interested in this training?
3. What do you expect from this training?

By taking this training, you agree to provide training to your community within 6 months. You will notify MDA about the training in your community.

Deadline: June 30, 2015

Mail application to **MDA 9819 Fountain Lane Fowlerville, MI 48836**

I agree to provide training in my community by March 1, 2016.

Signature: \_\_\_\_\_