# Voices at the Table for Advocacy (VATTA)

## Application Form

Please fill out this form to tell VATTA about yourself. Send it to VATTA at CDSS. The address is on the last page.

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| **Your name:** |  |
| **Age:** |  |
| **Home Address:** |  |
| **City:** |  |
| **Province:** |  |
| **Postal Code:** |  |
| **Phone number (including Area Code):** |  |
| **Email Address:** |  |
| 1. What do you know about the VATTA Committee? | |
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| 2. Why do you want to be on the VATTA Committee? | |
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| 3. What do you like to do for fun? | |
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| 4. Do you go to school now? If so, what program are you in? | |
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| 5. Do you work now? If so, where do you work? | |
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| 6. Do you volunteer now? If so, what do you do? | |
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| 7. Are you available to travel away from home in the months of September and May? | |
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| 8. VATTA members usually travel to meetings on their own and share a room with another VATTA member. Are you comfortable doing this? | |
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| 9. Have you ever flown on an airplane before? | |
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| 10. Are you able to fly alone to VATTA meetings? | |
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| 11. Can you give us an example of a time when you worked in a group or on a team? | |
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| 12. Have you ever spoken to a group of people about Down syndrome? | |
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| 13. When did you speak to the group(s)? | |
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| 14. Have you ever been interviewed about Down syndrome? | |
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| 15. What do you think makes a good advocate? | |
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| 16. What is something you need to learn more about so that you can be an even better advocate for people with Down syndrome? | |
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| 17. What plans do you have for next year and the year after? | |
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| 18. Is there anything else you would like to tell us? | |
|  | |

Please mail this form to the CDSS.

Our address is:

VATTA

c/o Canadian Down Syndrome Society

Suite 103 - 2003 14th Street NW

Calgary, AB T2M 3N4

**Or you can email it:** info@cdss.ca

*If you have any questions, call Carlee Reardon at CDSS at  
1-800-883-5608 (for free).*