

***Lake County Center for Independent Living
Community Advocacy Program APPLICATION***

Name: _____ Date: _____

Address: _____ City: _____

Phone: _____

Disability-related Accommodation(s) needed in order to participate in class:

Disability-related Accommodation(s) needed if traveling to the state capitol:

I would like to participate in the program because:

Yes, I want to participate in the Community Advocacy Program. I agree to attend all classes, except for necessary excused absences, and to complete all assigned homework. I further pledge to join LCCIL in at least one systems advocacy initiative outside of the program.

Signature: _____

Return completed application by February 7th

to: Lake County Center for Independent Living
377 N. Seymour Avenue
Mundelein, IL 60060
Fax: 847-949-4445
Email: ssweeney@lccil.org
AKemp@lccil.org