The New Hampshire Senior Leadership Series

2020 APPLICATION
(DEADLINE: FEBRUARY 21, 2020)

The goal of the New Hampshire Senior Leadership Series is to develop leadership skills of older adults, caregivers, family members and friends to advocate at both the state and federal levels.

Applications will be reviewed by a selection committee and participants will be notified by March 16, 2020. Please complete and return Sections I, II, and III by February 21, 2020.

The New Hampshire Senior Leadership Series:

1. Is a wonderful opportunity for growth and learning and a commitment of time and energy for its participants.
2. Aims to choose participants with a variety of experiences, backgrounds, and perspectives.
3. Is designed to support the development of leadership skills that will assist participants to effectively engage in positive social change for our aging population.

Participants of the 2018 New Hampshire Senior Leadership can expect:

- Five interactive sessions presented by respected leaders in community organizing, leadership development, and best practices in advocacy issues of older adults. We will incorporate multiple learning strategies throughout the year.

- The sessions will be held on the following dates and will cover these topics:
  - April 16 & 17, 2020: Aging and Society—New Hampshire and National Impacts
  - May 21, 2020: Community Engagement and Livable Communities
  - June 18, 2020: The Legislative Process
  - September 10, 2020: Aging Well in our Communities
  - November 12, 2020: Group Presentations and Graduation

- In addition to the sessions, you will participate in a group project that will involve working together with fellow participants during and between sessions, culminating in a group presentation at the final session.

- A contribution of $45 toward tuition (which can come from you, your employer, or a community organization with which you are involved). This contribution is due upon acceptance to the class. This will be your only cost. Scholarships available if needed.

- Upon program completion, you will be prepared:
  - To become connected to a growing community of leaders in the area of advocacy for aging issues.
  - To learn and be able to use effective strategies that promote and support change.
  - To learn and practice specific strategies utilized by effective leaders.
  - To learn about best practices.
Expectations from Participants:

• Attend and be present for every session. We understand that things happen that are beyond your control, but we expect absent an emergency that you will attend all five sessions.

• Anyone who misses more than one session will not receive a certificate at the end of the series.

• Arrive on time and stay for the complete session.

• Participate in all learning experiences provided by the series, both during sessions and between sessions.

• Collaborate with other learners to complete assignments, including group projects.

• Complete evaluations of each session and the complete series when requested.

• Plan to stay overnight for the first session to maximize your participation and learning.

• Payment of the program tuition fee, of $45, is expected upon acceptance to the class in March (Scholarships available)

• To work hard, meet new people and have fun!

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Please complete and return Sections I, II, and III by February 21, 2020 to:

AARP New Hampshire
Attention: Doug McNutt
45 S. Main St., Suite 202
Concord, NH 03301

The New Hampshire Senior Leadership Series is made possible through collaboration and financial assistance from AARP New Hampshire; Center on Aging and Community Living at the University of New Hampshire; and Dartmouth Centers for Health and Aging.
APPLICATION

Section I

Name: _____________________________________________________________
Address: __________________________________________________________
County: ____________________________
Occupation: _______________________________________________________
Employer: _________________________________________________________
Are you presently retired? ___________________________________________
Email address: _____________________________________________________
Home phone: _______________________________________________________
Cell phone: _________________________________________________________

(We intend to communicate with you via e-mail, but please include other contact information as well)

How did you hear about the Senior Leadership Series?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What aging-related issues impact you and/or your family and/or your community at large?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you a family caregiver? If yes, please share how this may have influenced your decision to apply.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Section II

We want to get to know you, so please answer the following questions in as much detail as you choose, on a separate sheet of paper. Be creative and tell us what you really think!

Please place the sheet(s) with your answers inside the application packet.

1. New Hampshire Senior Leadership aims to choose participants with a variety of experiences, social and economic backgrounds, and perspectives. With this in mind, what aging issues motivates you to apply?

2. As a prospective New Hampshire Senior Leadership member, what talents do you bring to this role?

3. Tell us about one specific experience from your past where you found yourself in a leadership role. In your response, be sure to briefly explain the situation, identify what you would repeat and why, and identify what you would do differently and why.

4. If you were empowered to implement one change to rectify an aging issue, what issue would you resolve and what about the solution is unique to you? In your response, be sure to describe the issue you would solve, describe your resolution (keeping your length to an “elevator pitch”, five sentences or less), and highlight how your experience, perspective, and background is imprinted on your solution.

5. What specifically do you wish to gain from the program? Please use this response as an opportunity to also share with us anything else you feel pertinent for our consideration that may not have been specifically asked.
Section III

You may foresee some barriers that will impede your ability to meet the expectations of Senior Leadership participants. We want to remove any of these that we can.

Please think hard about all you will need to participate. If you are accepted, we will contact you to arrange for the support(s) you need. Please note that your need for support to attend does not, in any way, affect the way in which your application is reviewed.

Learning Accommodations:

Our series is a tremendous learning experience and one from which we want each participant to benefit.

What is your preferred learning style (examples: small group work, with visuals, lecture style, etc.)?
__________________________________________________________________________________________
__________________________________________________________________________________________

What types of supports do you need to learn effectively?
__________________________________________________________________________________________
__________________________________________________________________________________________

Accommodations needed to participate:

☐ No accommodations needed
☐ I need large print materials
☐ Hearing technology (ex: CART, pocket talker, speakers use a microphone)?
☐ If you would benefit from interpreter services what language would it be? ___________________________
☐ I do not have access to my own transportation.
☐ It would be a financial hardship for me to pay for the gas that will be required to get to each session.
☐ I would need financial support to help pay for respite care or for personal care support while I attend this program.
☐ I need support from my employer to participate.
☐ There are other barriers not mentioned above that may get in my way (please explain):
__________________________________________________________________________________________
__________________________________________________________________________________________

Please return completed applications by February 21, 2020 to:

AARP New Hampshire
Attention: Doug McNutt
45 S. Main St., Suite 202
Concord, NH 03301