

# AFB BLDP Fellow Application

Thank you for your interest in being an AFB Blind Leaders Development Program Fellow!

\* Required

1. Email \*

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Before completing this application, be sure you have read and understand the expectations and commitments for AFB BLDP Fellows on the AFB Blind Leaders Development Program website. (<http://www.afb.org/BlindLeaders>)

2. I have read and agree to the expectations and commitments of a Fellow in the Blind Leaders Development Program. \*

*Check all that apply.*

Yes

No

AFB BLDP Fellow  
Application

Throughout this application process, if you have any questions email [bldp@afb.org](mailto:bldp@afb.org) and allow 48 hours for a response.

## Demographic Questions

One of the goals of the AFB Blind Leaders Development Program is to select a diverse group of emerging leaders who are blind or have low vision and who will bring a variety of perspectives and experiences to the program. We hope to leverage this diversity, thereby enriching the program and empowering all participants with increased understanding and awareness of the perspectives of others.

In this section, we gather demographic information so that we may contact you in a variety of ways and to ensure the group of participants is as diverse as possible.

Please note that AFB is committed to protecting your privacy. Only approved AFB staff will have access to your full application.

3. What is your full name? \*

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4. What do you prefer to be called? \*

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5. What is the email address you check most frequently? \*

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6. What is your work phone number (10 digits with no spaces or dashes)

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7. What is your cell phone number (10 digits with no spaces or dashes)

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### Mailing Address

What is your mailing address? If selected, we will mail you a program welcome packet.

8. Address Line 1 \*

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9. Address Line 2

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10. City \*

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11. State \*

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12. Zip \*

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13. In what time zone are you located? \*

*Check all that apply.*

- Eastern
- Central
- Mountain
- Arizona
- Pacific
- Alaska
- Hawaii-Aleutian

14. AFB staff and your assigned Mentor will primarily use your email address to contact you. If we need to contact you in another way, how do you prefer to be contacted? \*

*Check all that apply.*

- Text me on my cell phone  
 Call me on my cell phone  
 Call me at my workplace  
 Any of these are OK

15. When is it best to communicate with you? Please select all that apply. \*

*Check all that apply.*

- During regular working hours  
 On weekday evenings  
 On weekends  
 I have no preference

16. Please share any additional details about how best to contact and communicate with you.

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17. What will your age be on October 1, 2021? \*

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18. What is your gender \*

*Check all that apply.*

- Prefer not to say  
 Female  
 Male  
 Non-binary

## 19. Race/Ethnicity? Select all that apply. \*

*Check all that apply.*

- Prefer not to say
- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

Other:  \_\_\_\_\_

## 20. What is the highest degree you have earned? \*

*Check all that apply.*

- High school diploma or equivalent/GED
- Associate degree (junior college) or vocational degree/license
- Bachelor's degree
- Master's degree
- Doctorate, Professional (MD, JD, DDS)

Other:  \_\_\_\_\_

Before answering questions in this section, please be sure you have read the participant selection criteria for the AFB Blind Leaders Development Program on the website. (<http://www.afb.org/BlindLeaders>) You will be asked to upload a resumé and a professional letter of recommendation at the end of this form. There are also several long-answer questions. We highly recommend that you write your answers in a word processing application first, then copy and paste them into this Google Form. Throughout this application process, if you have any questions email [bldp@afb.org](mailto:bldp@afb.org) and allow 48 hours for a response.

Application Questions

## 21. I am currently: (select all that apply) \*

*Check all that apply.*

- Full time employee
- Part-time employee
- Full-time student
- Part-time student
- Consultant or Business Owner
- None of the above

Other:  \_\_\_\_\_

22. Is your participation in this program being sponsored by your employer, university, or another organization? \*

*Check all that apply.*

- Yes  
 No  
 Unsure, I need more information about this.

23. If yes, please explain and provide sponsor contact information.

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24. I primarily work in the following sector, or, if not currently employed, I would like to work in the following sector: \*

*Check all that apply.*

- Corporate  
 Government  
 Non-profit

Other:  \_\_\_\_\_

25. Please tell us about any personal and professional organizations, agencies, or groups in which you are actively involved.

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26. I have access to a computer [Mac or PC] that is no more than 3 years old, and the operating system and productivity applications are up to date. \*

*Check all that apply.*

- Yes  
 No  
 I Don't Know

27. I have access to a smartphone or tablet [iOS or Android] that is no more than 2 years old and is running the latest operating system. \*

Check all that apply.

- Yes
- No
- I Don't Know

28. Briefly describe how you access information on your computer, tablet, and smartphone. Please list by name any assistive software or hardware you use. \*

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29. Briefly describe how you produce written communication, such as email and documents. \*

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30. Briefly describe how you access Zoom or any other virtual meeting platforms. \*

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31. I am competent in my skills to attend a virtual meeting where I am expected to access documents and take notes. \*

Mark only one oval.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

32. I have the hardware and software needed to use email, word processing, cloud storage, the internet, and virtual meeting platforms: \*

*Check all that apply.*

- at home only  
 at work only  
 in both locations  
 I do not have technology at all.

33. I would rate my skill-level with mainstream office software, such as word processing, spreadsheets, virtual meeting platforms and presentation applications, as: \*

*Check all that apply.*

- I'm not sure how to use these applications  
 I can open files and sometimes successfully navigate these applications  
 I can open files, navigate applications, and use some of the program features  
 I can open files, navigate these applications, and use most if not all the program features

34. I would rate my skill-level with my assistive technology on the computer, tablet, and smartphone as: \*

*Check all that apply.*

- I'm still learning the basics of how to access these tools.  
 I can use my access tools on the computer, tablet, and smartphone, but I might struggle if I have to use an application unfamiliar to me.  
 I can use my access tools on the computer, tablet, or smartphone, and would be comfortable using it to explore applications unfamiliar to me.  
 I can use my access tools on the computer, tablet, or smartphone, and would be very confident using it to explore applications unfamiliar to me.

35. Which statement describes your braille reading ability? \*

*Check all that apply.*

- I do not read braille.  
 I read Grade 2 (contracted) braille and use braille as a primary tool for reading and/or writing text.  
 I read Grade 1 (uncontracted) braille and occasionally use braille for reading and writing text.

Other:  \_\_\_\_\_

36. If you are selected for the program, when could you participate in BLDP activities? Select all that apply: \*

*Check all that apply.*

- Traditional daytime working hours  
 Weekday evenings  
 Weekends

37. How would you describe your current leadership skills and abilities? \*

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38. How have you used your leadership skills and abilities in your work and/or community? \*

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39. Why do you want to participate in this program and how do you think you will use what you learn? \*

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40. Describe an experience in which your opinion about a topic or situation was challenged. Discuss your thought process as you worked through the challenge or situation. \*

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41. What unique quality or perspective would you bring to this program? How do you believe your unique quality or perspective will contribute to the program and enrich the experience of other BLDP participants? \*

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42. Is there anything else we should know about you?

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43. Please upload a copy of your resume.

Files submitted:

44. Please upload a professional letter of recommendation, for example, from a colleague who knows your work or a supervisor.

Files submitted:

*Skip to section 6 ()*

Thank you for your interest in the AFB Blind Leaders Development Program. We understand that the expectations and commitments may be too much for you at this time. If you change your mind in the future, please return, and complete an application.

Thank you for completing the Fellow application for the AFB Blind Leaders Development Program. Please hit the submit button if you are ready to submit. You will receive an email where you can review your answers and edit your responses until applications close on August 15, 2021. Throughout this application process, if you have any questions email [bldp@afb.org](mailto:bldp@afb.org) and allow 48 hours for a response.

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