



**Application for 2008 NCADD-New Jersey Advocacy Leadership Program**

WHAT IS THE BEST WAY TO CONTACT YOU? \_\_\_\_\_

GENDER:      \_\_\_ Male      \_\_\_ Female      AGE (optional) \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

PLEASE EXPLAIN ANY SPECIAL NEEDS YOU MAY HAVE: \_\_\_\_\_

\_\_\_\_\_

**APPLICATION INFORMATION**

Please attach responses to the following on a separate sheet.

1. Please describe any professional or volunteer work that has directly impacted on the treatment and prevention of, or recovery from alcohol and drug addiction in New Jersey (no more than 300 words).
2. Please describe any experience or interest you have had in working to influence others to take collective actions to close the state's addiction treatment gap; end the stigmatization of addiction and discrimination experienced by persons in recovery; or, prevent addiction. (no more than 300 words).
3. Please describe any leadership experience or potential for leadership you have as demonstrated by community service, life or work experience and formal education. (no more than 300 words).
4. I am interested in the 2008 Advocacy Leadership Program because ... (complete the sentence in no more than 300 words.)

Who are your members of the N.J. General Assembly and State Senate?

\_\_\_\_\_

\_\_\_\_\_

Who is your member of the U.S. House of Representatives and who are your U.S. Senators?

\_\_\_\_\_

\_\_\_\_\_

**PROGRAM COST**

There is no fee for participation in NCADD-New Jersey's 2008 Advocacy Leadership program. Individual lodging and meals will also be provided free of cost for the June 27-28, 2008 retreat. Program participants are expected to fulfill their commitment to this retreat.

**REQUIRED ATTACHMENTS**

- Please attach responses to Application Information, one through four on a separate sheet.
- Please attach one letter of recommendation of no more than two pages in length that must be submitted with the application, not under separate cover. The letter should focus on the applicant's leadership ability and potential to positively impact addiction treatment, prevention and recovery policy.
- Please attach a résumé with your application.

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**DEADLINE**

The deadline date for all applications is **May 30, 2008**.

**AFFIRMATION**

I understand that should I be selected as an Advocacy Leader to participate in NCADD-New Jersey's 2008 Advocacy Leadership Program I must commit to attend the program retreat on Friday evening and Saturday June 27-28, 2008. Additionally, I understand that I must commit to participate in no more than six additional education sessions and other ongoing activities focused on developing core leadership teams throughout New Jersey.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Please e-mail, fax, and/or mail the completed application along with the required attachments to:**

**NCADD-New Jersey  
Attn: 2008 Advocacy Leadership Program  
John L. Hulick, MS  
Director, Public Affairs and Policy  
360 Corporate Blvd.  
Robbinsville, NJ 08691  
E-mail: [jhulick@ncaddnj.org](mailto:jhulick@ncaddnj.org)  
Phone: (609) 689-0121  
Fax : (609) 689-3244**

**This program is made possible through generous support from the New Jersey Department of Human Services,  
Division of Addiction Services.**

**For Office Use**

Date application form received: \_\_\_\_\_

Outcome/status: \_\_\_\_\_

Application #: \_\_\_\_\_

Decision: \_\_\_\_\_