

AFB Blind Leaders Fellow Application

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

\* Required

1. Email \*

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

Including:

Purchase "The Leadership Challenge" book from Audible or acquire it free from Bookshare.

Read "The Leadership Challenge" and put into practice at least four of the behaviors suggested by the authors.

Attend the kick-off including "The Leadership Challenge" training, in-person for 3 days the week of August 1-5, 2022.

Complete all assignments in Google Classroom in a timely manner, and participate in discussions and webinars at least 80% of the time.

Schedule and attend all sessions with your Mentor and prepare an agenda, advance materials, and questions for each mentoring session at least one hour per month.

Submit evaluation forms and communicate openly with AFB staff.

Participate in all follow-up surveys for at least three years (representing a commitment of no more than two hours per year).

Cover ground transportation and some meals when traveling to out-of-town events when AFB covers other expenses.

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

Yes

No

3. Can you attend at least one in-person training event, lasting approximately three days with costs covered by AFB? \*

Yes

No

4. Can you locate, purchase, and read "The Leadership Challenge, Sixth Edition"? (Accessible versions available through Bookshare and Audible) \*

Yes

No

5. Can you dedicate an average of 3 hours per week to AFB Blind Leaders Development Program activities? These will include asynchronous online learning and reading, synchronous meetings/trainings, and/or one-on-one time with your mentor/fellow. \*

Yes

No

AFB Blind Leaders  
Fellow Application

Throughout this application process, if you have any questions email [BlindLeaders@afb.org](mailto:BlindLeaders@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 as well as 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.

6. What is your full name as it appears on government issued ID (to be used for travel purposes)?\*
7. What name do you prefer to be called (first or nickname)? \*
8. What is the email address you check most frequently? \*
9. What is the phone number (10 digits with no spaces or dashes) you prefer us to use for communication? \*

#### Mailing Address

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

10. Address Line 1 \*
11. Address Line 2
12. City \*
13. State \*
14. Zip \*
15. In what time zone are you located? \*

Eastern  
Central  
Mountain  
Arizona  
Pacific  
Alaska  
Hawaii-Aleutian

16. 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? \*

Text me on my phone  
Call me on my phone  
Both of these are OK

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

On weekdays, during daytime hours

on weekdays, during evening hours  
on weekends  
I have no preference

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

19. What will your age be on July 1, 2022? \*

20. What is your gender identity? The term "cisgender" means the gender assigned to you at birth. \*

Cisgender female/woman  
Cisgender male/man  
GenderQueer, Gender-Nonbinary, or Gender Fluid  
Transgender female/woman  
Transgender male/man  
A gender not listed here  
I prefer not to provide this information.

21. What are your preferred pronouns? (Example: he/him/his; she/her/hers; they/them)

22. Please indicate your race and ethnicity. Select all that apply. \*

American Indian or Alaska Native  
Asian  
Black or African American  
Hispanic or Latino  
Native Hawaiian or Other Pacific Islander  
White  
I don't know  
Two or more races  
Prefer not to say  
Other:

23. What was your first language? \*

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

High school diploma or equivalent/GED  
Associate degree  
Technical training post high school  
bachelor's degree  
Master's degree  
Doctorate, Professional (MD, JD, DDS)  
Other:

25. Are you a military veteran? \*

Yes  
No

26. Are you fully vaccinated against COVID-19? At this time AFB requires proof of vaccination for all in-person events. \*

Yes  
No

I can be fully vaccinated by July 15, 2022.

27. Are you an individual who is \*

blind  
low vision  
deafblind

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

Full time employee  
Part-time employee  
Full-time student  
Part-time student  
Consultant or Business Owner  
Retired  
Other:

29. Who is your current employer? If unemployed, indicate your most significant employer. \*

30. What is your current job title? \*

31. Do you currently manage other people? \*

Yes  
No

32. If yes, how many?

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

Yes  
No  
Unsure, I need more information about this.

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

35. I work in the following sector, or if not currently employed, I have primarily worked in the following sector: \*

Corporate  
Government  
Non-profit  
Other:

36. Please tell us about any personal and professional organizations, agencies, or groups in which you are or have been involved. Describe your role(s). \*

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 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.

37. Describe your past or present leadership roles and accomplishments at work, within organizations, and/or in the community. Be as specific as possible. \*

38. Why do you want to participate in Blind Leaders? \*

39. How do you anticipate using your newfound leadership skills within your community? Consider workplace and/or volunteer work. \*

40. What skills or abilities do you possess that other Blind Leaders could benefit from learning? \*

41. I primarily use a \*

Windows computer

Mac computer

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

Strongly agree

Somewhat agree

Neither agree nor disagree

Somewhat disagree

Strongly disagree

43. I have the hardware and software needed to use email, word processing, calendar, and the internet, as well as the Zoom meeting platform and a learning management system: \*

at home only

at work only

in both locations

I do not have technology at all

I'm not sure

44. How frequently do you use the following? \*

Frequently=daily or almost daily

Regularly=at least 3 times per week

Occasionally=a couple of times a month

Rarely=a couple of times in the last 6 months

Never=I have never used

Email

Calendar

Word Processing

Spreadsheet

Zoom Meetings

Online learning

Facebook

LinkedIn

45. In terms of using assistive technology on your computer and smart phone, do you consider yourself a: \*

Beginner user

Intermediate user

Advanced user

I do not need assistive technology

I do not know how to use assistive technology

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

I do not read braille.

I read Grade 1 (uncontracted) braille and occasionally use braille for reading and writing

I read Grade 2 (contracted) braille and use braille as a primary tool for reading and/or writing text.

I read Grade 2 (contracted) braille, but not as my primary tool

Other:

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

During daytime weekday hours

on weekday evenings

On weekends

48. Is there anything not covered in this application that you feel is important for the Selection Committee to know about you?

49. Please upload a copy of your resume. \*

50. How much help, if any, did you need to complete this application? \*

I needed someone to help me complete the entire application.

I needed some help but was able to complete most of the application myself.

I needed a little help, but for the most part completed the application myself.

I completed the application without any help, even with uploading my resume.