

#### 2819 N. Parham Rd. Suite 150 Henrico, VA 23294 CreativeApproachOnline.com

## Application to Join the Together Towards Change Coalition

We are excited about your interest in joining the Together Towards Change Coalition! Our mission is to address systemic inequities faced by Black disabled individuals by fostering empowerment, advocacy, and meaningful inclusion. Please complete the application below to be considered for coalition membership.

#### **Applicant Information**

- 1. Full Name
- 2. **Pronouns**:

(e.g., she/her, he/him, they/them, other)

- 3. Organization Name (if applicable):
- 4. **Position/Role**:

#### 5. Contact Information:

- Email:\_\_\_\_\_
- Phone:\_\_\_\_\_

#### **Background and Interests**

6. Why are you interested in joining the Together Towards Change Coalition? (*Please provide a brief explanation of your motivation, including any personal or professional connection to our mission.*)

7. What specific skills, experiences, or perspectives would you bring to the coalition? *(e.g., advocacy, policy development, lived experience, organizational leadership, etc.)* 

8. Have you previously worked on issues related to Black disabled individuals, disability rights, or equity? (Yes/No)If yes, please describe:

9. What is your vision for how the coalition can create meaningful change?

### **Commitment and Collaboration**

- 10. Are you willing to actively participate in coalition activities? (e.g., attending meetings, contributing to initiatives, and engaging in advocacy efforts.)
  - Yes
  - o No

# 11. What areas of the coalition's work are you most interested in?

(Check all that apply)

- Advocacy and Policy Development
- Curriculum and Training Design
- Organizational Inclusion Strategies
- Community Outreach and Engagement
- Other: \_\_\_\_\_

# 12. Do you have any suggestions or ideas for future coalition initiatives?

#### **Additional Information**

13. Are you affiliated with any other advocacy organizations or groups? *(If yes, please list them and your role within these organizations.)* 

14. Do you have any accessibility needs or accommodations we should consider to ensure your participation?

#### Signature

By signing below, I affirm that I support the mission and values of the Together Towards Change Coalition and commit to contributing to its goals.

Signature: _		
Date:		

**Submission:** Please email your completed application to Makahla Jackson [Mjackson@CreativeApproachOnline.com] or mail it to:

Creative Approach Development Center Together Towards Change Coalition 2819 N Parham Rd, Suite 150 Richmond, VA 23294

For questions or assistance, contact us at **[Mjackson@CreativeApproachOnline.com]** or **(804)554-1870.** Thank you for your interest in joining the Together Towards Change Coalition! We look forward to working together to create meaningful and lasting change.

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