



MDDC The Positive Me: Self Esteem Application

Name: _____

DOB: _____

Address: _____

Town/Zip Code: _____

Phone number/TTY: _____

E-mail Address: _____

Gender: ☐ Male ☐ Female ☐ Other

1. Do you have someone who assists or supports you? Yes ☐ No ☐

Support Name: _____

Support phone #: _____ Email: _____

Note: We recommend that a support person accompany you for at least the first class to determine your needs for class participation

Please select all that apply:

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other Not Listed

Contact Information

Schedule Options

☐ **Wednesday's & Friday's 10am – 11am on ZOOM**

September 10, 12, 17, 19, 24, 26, 2025

For additional information, please contact: Lee Larriu
Tele: 617-770-7676 ext. 118, Email: Lee.Larriu@mass.gov

Massachusetts Developmental Disabilities Council, 108 Myrtle Street, Suite 202, Quincy, MA 02171
(617) 770-7676 | Fax: (617) 770-1987 | www.mass.gov/mddc

 Find us on Facebook  @MA_DDC





Photo/Video Release Form

I, (print name) _____ hereby give my permission to have my picture taken and/or video taken of me during my participation in this Massachusetts Developmental Disabilities Council event.

I authorize the Massachusetts Developmental Disabilities Council, its assigns, and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Massachusetts Developmental Disabilities Council may, at its sole discretion, use such photographs and/or videos of me with or without my name and for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above: (Guardian signature space available)

Signature _____ Date _____
Participant

Signature _____ Date _____
Guardian

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