

# Participant Packet



TAKE YOUR  
**LEGISLATOR**  
TO WORK

**October is National Disability  
Employment Awareness Month**

**Take Action. Be Heard. Create Change**



# Let's Get Started!

Iowans with Disabilities in Action will be conducting the Take Your Legislator to Work Campaign during the month of October, National Disability Awareness Month. Legislators will be in their home districts in October so it is a perfect time to invite them to your workplace and talk about the importance of having meaningful employment and the impact you have in your community.

Before you get started – Ask yourself a couple quick questions:

1. Do I have good things to say about my job?
2. What do I want my legislator(s) to know about my Job?

If you answered Yes to these questions – Let's Get Started!

1. Fill out the Participant Information Form and send it back to us by mail or email. A member of the Iowans with Disabilities in Action team will contact you.

Mail to:

Iowans with Disabilities in Action  
P.O Box 737  
Des Moines, IA 50309

Email to: [contactus@idaction.org](mailto:contactus@idaction.org)

2. Ask your employer for permission to invite your legislators to work. Talk with them about why you want to get involved with this project. If your employer agrees, have them sign the agreement form.
3. Your visit with your legislator will last around 30-45 minutes.  
Now you can really get started!
4. Plan your visit – see the “Planning your Visit” worksheet to help you with this process. If you have questions, please contact Iowans with Disabilities in Action at 866-432-2846 or [contactus@idaction.org](mailto:contactus@idaction.org).

# Planning Your Visit

## Determine the Date and Time of your visit

Many legislators have full-time jobs in addition to their responsibilities as an elected official. You will need to be flexible. Talk with your employer about the best times to hold your visit. Depending on the type of work you do, certain times may work better to allow you enough time to show your legislator(s) your workplace and visit.

**Plan for the visit to last between 30-45 minutes.** Select at least three dates and times that you can offer your legislator.

### **Option 1:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location:

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Who will you invite:

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### **Option 2:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location:

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Who will you invite:

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### **Option 3:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location:

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Who will you invite:

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# Contacting Your Legislator

It is important you give your legislator plenty of time to make arrangements. We recommend that you contact your legislator at least two weeks in advance and have three dates and times that will work for you and your employer. When asking your legislators to visit, it is important to mention that the visit will last between 30-45 minutes.

It is important that you prepare for the phone call inviting your legislator. You will want to explain why you are inviting them and why it is important.

**Here is a sample start to a conversation:**

Good morning, my is \_\_\_\_\_. I live in \_\_\_\_\_ (name of town). I'm an employee at \_\_\_\_\_. October is National Disability Employment Awareness Month. I want to invite you to come for a short visit at my work because \_\_\_\_\_. The visit will last around 30-45 minutes.

Why do you want to have your legislator visit you:

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**Refer back to your date and time options to share with your legislator.**

Have your information ready:

Your Address:

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Phone:

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Email:

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Employer's Name:

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Your work address:

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# When Your Legislator Arrives

- Introduce your employer, job coach and co-workers to your legislator.
- Give your legislator a tour of your workplace
- Show him or her what you do at work.
- Find a place that you can visit with your legislator. Sit down and have a cup of coffee or a soda.

**Remember legislators cannot accept gifts that have a value greater than \$3.00.**

## What Should you Talk About

Your legislator is a regular person just like you, your family and friends. They want to get to you know you. Many people think they have to be “experts” to talk to their legislators. This is NOT true. The Take Your Legislator to Work campaign is an awareness campaign about increasing the information legislator have about the employment of lowans with disabilities.

Prepare questions and practice what you want to say. Here are a few ideas to get you started:

- My job is
- I work \_\_\_\_\_days and \_\_\_\_\_ hours
- I like my job because
- I want to work here because
- Working is important for people with disabilities because
- My hope for the future is
- Some of my friends with disabilities work

## Media

lowans with Disabilities in Action will work you to send out media alerts and press releases to your local newspaper about your visit. If your employer approves, we will invite them to attend the visit.

## After your visit

After the event, please send a thank you note to wrap-up your visit. A heart-felt "Thank You" will make the visit memorable for your legislator, so please send a note that reminds them of the visit. Please provide contact information to keep the doors of communication open. We hope that you will get to know your legislator and stay in contact after you take your legislator to work.

Here are a few examples:

Dear \_\_\_\_\_,

Thank you for visiting me at, (your workplace). I enjoyed meeting you and appreciated the opportunity to tell you my story and share my passion for my work and my community. I look forward to staying in touch with you.

Thank you,

Or

Dear \_\_\_\_\_,

Thank you for taking the time to meet me at my workplace. I hope our visit and conversation provided you with more information about the need for employment opportunities for lowans with disabilities and the importance of lowans having a choice. If I can provide you with any additional information as you face difficult decisions, please contact me at (phone number) or (Email).

Thank you,

**Don't forget to thank your employer for allowing you the opportunity to have your legislator visit. Here is a sample thank you note:**

Dear \_\_\_\_\_,

Thank you for allowing me to invite my legislator to visit me at work. I wanted to show how much I love my work. I wanted (Legislator's Name) to see how important my work is. I appreciate working for you and with my co-workers.

Sincerely,

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# Take your Legislator to Work Campaign Participant Information Form

## Participant Information

Your Name: \_\_\_\_\_

Do you have a Guardian: YES or NO

If yes, please share their name(s) \_\_\_\_\_

Your Home Street Address: \_\_\_\_\_

Home City/State/Zip: \_\_\_\_\_

Your Home Phone Number: \_\_\_\_\_ Your Cell Phone Number: \_\_\_\_\_

Your Email: \_\_\_\_\_

Name of your Employer: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Your Employer's Address: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

Number of Years Employed at your current job: \_\_\_\_\_

Tell us about yourself:

1. How did you get your job?

2. What are your job duties?

3. What do you like best about your job?

4. Have you ever visited with your legislators? If yes, with whom did you visit?

5. Why do you want to get involved in the Take Your Legislator to Work Campaign?



TAKE YOUR  
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# Take your Legislator to Work Campaign Employer Agreement Form

## Company Information

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

## Supervisor's Information

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Your Email: \_\_\_\_\_

I \_\_\_\_\_ (Supervisor's Name) as the \_\_\_\_\_ (Title) at \_\_\_\_\_ (Company) give \_\_\_\_\_ (Employee Name) my permission to invite their legislator to work. I understand that \_\_\_\_\_ (employee name) will spend between 30 and 45 minutes visiting with their legislator(s) during their shift. I will also allow (please select the activities you will allow before and during the visit):

- the use of the company name in media related activities surrounding the campaign and my name as \_\_\_\_\_ (Employee's Name) supervisor;
- media to be present during the visit;
- photos to be taken inside \_\_\_\_\_ (company name) and used at the discretion of Iowans with Disabilities in Action for media and promotional purposes.

\_\_\_\_\_  
(Signature) (Title) (Date)

\_\_\_\_\_  
(Printed Name) (Date)

