

Help NCPD to Share the Stories of Disciples with Disabilities within the Church

The Body of Christ is made up of individuals with diverse abilities, personalities, and vocations. NCPD would like to highlight this truth by sharing the stories of people with disabilities and Deaf people within the Church. These stories will be featured regularly on the NCPD webpage.

Story Submission Guidelines:

- Stories should be 400-800 words.
- If possible, please provide story text in English and Spanish.
- Stories should include 1-5 pictures.
 - *One of the pictures must be landscape.**
- Submissions must be emailed to Julia Gilberto at jgilberto@ncpd.org, or mailed to the National Catholic Partnership on Disability at PO Box 35763 424 WASHINGTON ST BRIGHTON, MA 02135-9998
 - *Signed NCPD waiver must be included with submission (see attached).**

Stories should include:

- Name
- State
- General information about the individual (interests, personality traits, hobbies, occupation, relationships with family and friends, description of disability, etc.).
- Description of how this individual lives out his or her call to discipleship (participation in parish, occupation, relationships with others, volunteer positions, mission work, etc.).
- Direct quotes from the individual or his or her family member, friend, or caregiver describing how this individual lives out his or her role as a member of the Body of Christ.
 - *Stories may be written in first or third person**



**National Catholic
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sobre la Discapacidad



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WAIVER AND RELEASE

I, _____ hereby give the National Catholic Partnership on Disability ("NCPD"), its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any written text, pictures, videos, or other recordings of or concerning: me, my child, my ward, either produced by the NCPD and its designates, or which I have provided to NCPD for its use.

Please initial:

_____ I understand that this is a complete release of all claims against NCPD or any other person, firm or corporation by reason of such use of written text, pictures or video.

_____ I hereby warrant that I am free to give permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

_____ I understand that the photos and stories that I submit may be cropped or edited by the National Catholic Partnership on Disability before release.

Name of Child or Ward

Signature Name (Please Print)

Date

Email

National Catholic Partnership on Disability
P.O. Box 35763 424 WASHINGTON ST
BRIGHTON, MA 02135-9998