



DEVELOPMENTAL DISABILITIES ADVISORY COUNCIL MEMBERSHIP APPLICATION

(Please type or print)

Full Name:		
Address:		
City:	State:	Zip:
Email:		
Home/Cell Phone:		Work Phone:
What is your interest in being on the DD Advisory Council?		
<p>What positions are you applying to fill? (Check All That Apply)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Family Member</div> <div style="width: 50%;"><input type="checkbox"/> Self-Advocacy</div> <div style="width: 50%;"><input type="checkbox"/> Advocacy Organization</div> <div style="width: 50%;"><input type="checkbox"/> Provider</div> </div>		
<p>Ethnic Background (Check One):</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Native American</div> <div style="width: 50%;"><input type="checkbox"/> White, not of Hispanic origin</div> <div style="width: 50%;"><input type="checkbox"/> Hispanic</div> <div style="width: 50%;"><input type="checkbox"/> Black, not of Hispanic origin</div> <div style="width: 50%;"><input type="checkbox"/> Asian/Pacific Islander</div> <div style="width: 50%;"><input type="checkbox"/> Multi-racial</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div>		
<p>Region (s) Represented:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Region 1</div> <div style="width: 50%;"><input type="checkbox"/> Region 2</div> <div style="width: 50%;"><input type="checkbox"/> Region 3</div> <div style="width: 50%;"><input type="checkbox"/> Region 4</div> <div style="width: 50%;"><input type="checkbox"/> Region 5</div> <div style="width: 50%;"><input type="checkbox"/> Region 6</div> </div>		

<p>Occupation, Profession, or Position (Please include employer's name):</p>				
<p>Education (Please list degrees, schools and dates):</p>				
<p>Please provide a brief summary of your relevant work experience:</p>				
<p>Please list any Boards, Commissions or other organizations to which you currently belong, as well as offices held:</p>				
<p>Please list any circumstances that may restrict your availability to serve, if any:</p> <p><input type="checkbox"/> Check Here if Not Applicable</p>				
<p>Please feel free to provide us with any additional information you believe would assist us in our appointment process. Use additional sheets if necessary. Please include two (2) letters of recommendation and list the name, organization and contact information for your two references below.</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;"><u>Name of Reference</u></td> <td style="text-align: center; width: 33%;"><u>Organization</u></td> <td style="text-align: center; width: 20%;"><u>Phone</u></td> <td style="text-align: center; width: 14%;"><u>Email</u></td> </tr> </table> <p><input type="checkbox"/> Check if Additional Pages Attached</p>	<u>Name of Reference</u>	<u>Organization</u>	<u>Phone</u>	<u>Email</u>
<u>Name of Reference</u>	<u>Organization</u>	<u>Phone</u>	<u>Email</u>	
<p>I certify that all information contained on this application is true and complete to the best of my knowledge. I understand any misrepresentations or falsifications may result in removal of appointment.</p> <p>Signature _____ Date: _____</p>				