|  |
| --- |
| Full Name:  |
| Address:  |
| City:  | State:  | Zip:  |
| Email:  |
| Home/Cell Phone:  | Work Phone:  |
| **What is your interest in being on the DD Advisory Council (DDAC)?**  |
| **Would you be available to be present at all meetings (currently every other month)?** Yes No (Circle One)**Would you be available to participate via conference call or in person for workgroups and meetings where there is a need for representation by the DDAC?** Yes No (Circle One) |
|  **What positions are you applying to fill?** (Check All That Apply) Family Member Self-AdvocacyAdvocacy Organization Provider |
| **Ethnic Background** (OPTIONAL Check One, if desired):Native American White, not of Hispanic originHispanic Black, not of Hispanic originAsian/Pacific Islander Multi-racialOther |
| **Region(s) Represented:**Region 1 Region 2Region 3 Region 4Region 5 Region 6 STATEWIDE |
| **Occupation, Profession, or Position (Please include employer’s name, if applicable):** |
| **Education (Please list degrees, schools and dates):** |
| **Please provide a brief summary of your relevant work experience:** |
| **Please list any Boards, Commissions or other organizations to which you currently belong, as well as offices****held:** |
| **Please list any circumstances that may restrict your availability to serve, if any:** **Check Here if Not Applicable** |
| **Briefly describe one priority for the DD system that you think needs to be addressed and how?** |
| **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.****Name of Reference Organization Phone Email****Check if Additional Pages Attached** |
| **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.****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Send completed application to: Dan Howell, 2 Peachtree St, 22nd floor, Atlanta, GA 30303** |

Division of Developmental Disabilities | Advisory Council Membership Application