

**DIVISION of 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 (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/meetings or 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)   |  |      |
| <input type="checkbox"/> Family Member  | <input type="checkbox"/> Self-Advocacy                 |      |
| <input type="checkbox"/> Advocacy Organization  | <input type="checkbox"/> Provider                      |      |
| Ethnic Background (OPTIONAL Check One, if desired):   |  |      |
| <input type="checkbox"/> Native American  | <input type="checkbox"/> White, not of Hispanic origin |      |
| <input type="checkbox"/> Hispanic   | <input type="checkbox"/> Black, not of Hispanic origin |      |
| <input type="checkbox"/> Asian/Pacific Islander   | <input type="checkbox"/> Multiracial                   |      |
| <input type="checkbox"/> other  |  |      |
| Region(s) Represented:  |  |      |
| <input type="checkbox"/> Region 1   | <input type="checkbox"/> Region 2                      |      |
| <input type="checkbox"/> Region 3   | <input type="checkbox"/> Region 4                      |      |
| <input type="checkbox"/> Region 5   | <input type="checkbox"/> Region 6                      |      |
| <input type="checkbox"/> STATEWIDE  |  |      |

Occupation, Profession, or Position (Please include Employer's name,if applicable):

Education (Please list degrees, school, and dates):

Please provide a summary of your contributions in the field of Developmental Disabilities.

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 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 letters of recommendation and list the name, organization, and contact information for your two references below.

|                                 |                            |                     |
|---------------------------------|----------------------------|---------------------|
| <b><u>Name of Reference</u></b> | <b><u>Organization</u></b> | <b><u>Phone</u></b> |
|---------------------------------|----------------------------|---------------------|

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: Ron Wakefield, 2 Peachtree St, 22nd floor, Atlanta, GA 30303