

Georgia Council on Developmental Disabilities Application for Advisory Membership

Completion of this form is a requirement for your appointment as an advisory member to the Georgia Council on Developmental Disabilities. Information submitted on this form may be subject to public disclosure under the Georgia Open Records Act (O.C.G.A. 50-18-70). Please attach a current resume, biography or vitae when returning this form to:

Georgia Council on Developmental Disabilities
2 Peachtree Street, Suite 26-240
Atlanta, Georgia 30303
Attention: Eric E. Jacobson

If you have any questions please call (404) 657-2126 or 1-888-275-4233

SECTION I: BIOGRAPHICAL INFORMATION

Name _____ Home Phone () _____
Last First Middle Initial

E-Mail Address _____

Residence Address _____
Street/Route/Apt. City State Zip

Mailing Address (If Different) _____
Street/Route/Apt. City State Zip

Birthday _____ Race or Ethnicity _____

Spouse's Name _____ Children _____

Professional Information

Present Employer _____

Business Address _____
Street/Route/Apt. City State Zip

Business Phone () _____ Business Fax () _____

Job Title/Responsibilities _____

Educational History

High School or equivalence (GED) _____

Undergraduate School and Degree _____

Graduate School and Degree _____

SECTION II: RELATIONSHIP TO PEOPLE WITH DEVELOPMENTAL DISABILITIES

Please Check All That Apply:

_____ **I am an individual with a developmental disability**
Type of Disability _____

_____ **I am a family member of an individual with a developmental disability. Please specify relationship:** _____
Individuals Disability and Age _____

_____ **I am representing an agency/organization. Please specify organization or agency you are representing.**

Please describe your specific concerns/interest in developmental disabilities issues (Attach additional pages if necessary)

Please describe your ideas for improving the lives of Georgians with developmental disabilities and their families (Attach additional pages if necessary)

Georgia Council on Developmental Disabilities Advisory Membership
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Please describe why you would like to be an advisory member of the Georgia Council on Developmental Disabilities (Attach additional pages if necessary)

Please describe an advocacy effort in which you showed leadership and worked as a member of a team (Attach additional pages if necessary)

Can you commit to at least 4 two day long meetings per year?

_____ **Yes - Advance dates are necessary to schedule other dates around them**

_____ **Maybe - Advance dates are necessary, however other obligations may take precedence**

_____ **If No, Please comment**

Are there any accommodations you will need to participate as a Council member? If yes, describe accommodations needed (accessible transportation, personal care provider, interpreter, facilitator, special dietary requirements, etc.)

How did you learn about the Georgia Council on Developmental Disabilities (Attach additional pages if necessary)

Advocacy and Volunteer Activities

Please describe any advocacy efforts or organizations or volunteer activities in which you have participated (Attach additional pages if necessary)

Please list any leadership development programs or training that you have graduated from (Attach additional pages if necessary)

SECTION III: REFERENCES

Please list three references, including address and telephone numbers. Please provide at least one letter of reference who can describe your level of commitment to disability advocacy.

1) Name _____

Residence Phone () _____ **Business Phone ()** _____

Residence Address _____
Street/Route/Apt. City State Zip

Relationship
2) Name _____

Residence Phone () _____ **Business Phone ()** _____

Residence Address _____
Street/Route/Apt. City State Zip

Relationship _____

SECTION IV: SIGNATURE

Please accept this as my application to become an advisory member of the Georgia Council on Developmental Disabilities. I understand the terms and responsibilities that come as an advisory member of GCDD.

Full Name Printed

Applicants Signature

Date