| Georgia Council on Developmental Disabilities S:\LOGO_GCDD_DESIGN jpg format\GCDDlogocolor_small.jpgApplication for MembershipCompletion of this form is a requirement for your appointment 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). **Deadline for submission is Friday, September 30, 2016.** |
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| section i: Applicant Information |
| Full Name: |
| Date of birth: | E-Mail Address: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Race or Ethnicity: | Family Members (Name and Relationship): |
| Occupation/Professional Information (Please include any volunteer, previous profession or community work if you are not employed.) |
| Current employer (If Employed): |
| Employer address: |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Other Information About Volunteer or Community Work: |
| Educational history |
| High School or equivalence (GED) |  |
| Undergraduate School and Degree |  |
| Graduate School and Degree |  |
| Other Educational Activities |  |
| Section II: Relationship to people with developmental disabilities |
| Please Check All That Apply:

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| I am an Individual with a Developmental Disability. Indicate Type of Disability  |
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|  |
| I am a family member of an individual with a developmental disability. Please specify relationship, individual’s disability and age |
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| I am representing an agency/organization. Please specify organization or agency you are presenting.  |
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| Please describe your specific conCerns/interests in developmental disabilities issues. (attach additional pages if necessary) |
|  |
| Please describe your ideas for improving the lives of people with developmental disabilities and their families (attach additional pages if necessary |
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| Please describe why you would like to be a member of the georgia council on developmental disabilities (attach additional pages if necessary |
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| Please describe the strenghts that you would bring as a council member (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 themMaybe – Advance dates are necessary; however other obligations may take precedenceIf NO, Please Comment |
| how did you learn about the georgia council on developmental disabilities |
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| please describe any advocacy efforts, organizations or volunteer activities in which you have participated |
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| are there any accommodations you will need to participate as a member/ if yes, describe accommodations needed (accessible transportation, personal care provider, interpreter, facilitator, special dietary requriements etc) |
|  |
| please provide any additional information that you feel would be helpful in the selection process |
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| section iii: references |
| please list three references, including address and telephone numbers. you may include letters from these individuals and others |
| Name | Address | Phone | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Signatures |
| I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be for use by the Georgia Council on Developmental in determining my suitability for appointment. |
| Full Name Printed:  | Date: |
| Signature of applicant: |

Please email completed application to: Eric Jacobson, eric.jacobson@gcdd.ga.gov

Or mail to: GCDD, Attn: Eric Jacobson, 2 Peachtree St. NW, Suite 26-246, Atlanta, GA 30303