Completion 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).

Georgia Council on Developmental Disabilities
2 Peachtree Street, Suite 26.240
Atlanta, Georgia 30303
Attention: D’Arcy Robb

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 Membership

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please describe strengths you bring to the Council as a 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 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 provide any additional information that you feel would be helpful in the selection process (Attach additional pages if necessary)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

**SECTION III: REFERENCES**

Please list three references, including address and telephone numbers. You may include letters from these individuals and others.

1) Name __________________________________________________________

Residence Phone (   ) _____________ Business Phone (   ) _____________

Residence Address __________________________________________________________

Relationship __________________________________________________________
SECTION IV: SIGNATURE

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 Disabilities in determining my suitability for appointment to the Georgia Council on Developmental Disabilities.

____________________________________  ____________________________________________
Full Name Printed  Applicants Signature

____________________________________
Date