

Georgia Council on Developmental Disabilities Application for Membership

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: 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 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 _____
Street/Route/Apt. City State Zip

Relationship

2) Name _____

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

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

Relationship _____

3) Name _____

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

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

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