

**REGIONAL DEVELOPMENTAL DISABILITIES ADVISORY COUNCIL
MEMBERSHIP APPLICATION**

Name: _____

Home Address: _____

County of Residence: _____

Home Phone: _____ **Cell Phone:** _____

Fax Number: _____ **Email:** _____

Civic Organizations/Volunteer Groups/Boards of Directors you are or have been involved with: _____

Experience you have related to individuals with developmental disabilities: _____

Reason(s) you are interested in serving on the Regional Developmental Disabilities Advisory Council and what you may be able to contribute: _____

What do you believe are the three most important issues currently facing individuals with developmental disabilities in this region?

- 1) _____

- 2) _____

- 3) _____

Personal References:

- 1. Name _____
Address _____
Phone _____ Email _____
- 2. Name _____
Address _____
Phone _____ Email _____

Professional Reference:

- 1. Name _____
Address _____
Phone _____ Email _____

Which of the following best describes your relationship with the Division of DD? Check all that apply:

<input type="checkbox"/>	Individual with a developmental disability (over age 18) who qualifies to receive division services
<input type="checkbox"/>	Parent/guardian of an individual with a developmental disability who qualifies to receive division services
<input type="checkbox"/>	Parent/guardian of an individual residing (or who once resided) in a habilitation center
<input type="checkbox"/>	Parent/guardian of an individual receiving DMH program services in the community
<input type="checkbox"/>	Sibling of an individual with a developmental disability who qualifies to receive division services
<input type="checkbox"/>	Representative of the Department of Elementary and Secondary Education
<input type="checkbox"/>	Representative of the Division of Vocational Rehabilitation
<input type="checkbox"/>	Representative of the Department of Social Services
<input type="checkbox"/>	Representative of a Senate Bill 40 Board
<input type="checkbox"/>	Allied Health Professional
<input type="checkbox"/>	Vendor/Provider of division services
<input type="checkbox"/>	Individual with a personal interest in services provided by the division.
<input type="checkbox"/>	Not-for-profit board member

To be completed by RAC:

Which position on the RAC does this individual fill: _____
 Who does this individual replace on the RAC (if anyone): _____
 When will term expire: _____