

**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).

SECTION I: APPLICANT INFORMATION

Full Name:

Date of birth:	E-Mail:	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	

**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).

**SECTION II: RELATIONSHIP TO PEOPLE WITH DEVELOPMENTAL
DISABILITIES**

Please Check All That Apply:

I am an Individual with a Developmental Disability. Indicate type of disability.

I am a family member of an individual with a developmental disability. Please specify relationship, individual's disability and age.

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

**PLEASE DESCRIBE YOUR SPECIFIC CONCERNS ABOUT/INTERESTS IN
DEVELOPMENTAL DISABILITY ISSUES (ATTACH ADDITIONAL PAGES IF
NECESSARY).**

**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).

PLEASE DESCRIBE YOUR IDEAS FOR IMPROVING THE LIVES OF PEOPLE WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES (ATTACH ADDITIONAL PAGES IF NECESSARY).

Empty response area for describing ideas for improving the lives of people with developmental disabilities and their families.

PLEASE DESCRIBE WHY YOU WOULD LIKE TO BE A MEMBER OF THE GEORGIA COUNCIL ON DEVELOPMENTAL DISABILITIES (ATTACH ADDITIONAL PAGES IF NECESSARY).

Empty response area for describing why you would like to be a member of the Georgia Council on Developmental Disabilities.

**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).

PLEASE DESCRIBE THE STRENGTHS 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 them.

Maybe. Advance dates are necessary; however other obligations may take Precedence.

No. I cannot commit. (Please provide comment.)

HOW DID YOU LEARN ABOUT THE GEORGIA COUNCIL ON DEVELOPMENTAL DISABILITIES?

**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).

**PLEASE DESCRIBE ANY ADVOCACY EFFORTS, ORGANIZATIONS OR
VOLUNTEER ACTIVITIES IN WHICH YOU HAVE PARTICIPATED.**

**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 REQUIEIMENTS, ETC.).**

**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).

PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WOULD BE HELPFUL IN THE SELECTION PROCESS.

(Empty space for providing additional information)

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: _____