

# 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: 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** \_\_\_\_\_

<b>Educational History</b>
----------------------------

**High School or equivalence (GED)** \_\_\_\_\_

**Undergraduate School and Degree** \_\_\_\_\_

**Graduate School and Degree** \_\_\_\_\_

<b>SECTION ii: RELATIONSHIP TO PEOPLE WITH DEVELOPMENTAL DISABILITIES</b>
---

**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**