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
Last               First                Middle Initial
Home Phone (     )________________________
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)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
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 ________________
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