

Vermont Developmental Disabilities Council

Member Application for Governor Appointment

You may attach additional paper to respond to questions completely.



Applications are reviewed by VTDDC members. You may be asked for more information and invited to an interview. Members vote on finalists to recommend to the Governor, who appoints members.

Finalists may need to complete an additional form as part of the Governor's appointment process.

1. Name and Contact Information

First / Last Name			
Birthday		Town	
Physical Address	Mailing Address	Phone(s)	
		Email(s)	

2. How do you identify yourself?

I have <input type="radio"/> a developmental disability.	
I am a <input type="radio"/> Parent/ <input type="radio"/> Sibling / <input type="radio"/> Child to a person with a developmental disability.	
<input type="radio"/> Other:	
I describe my/ his/ her disability as:	

3. Background Check and Member Application Agreement

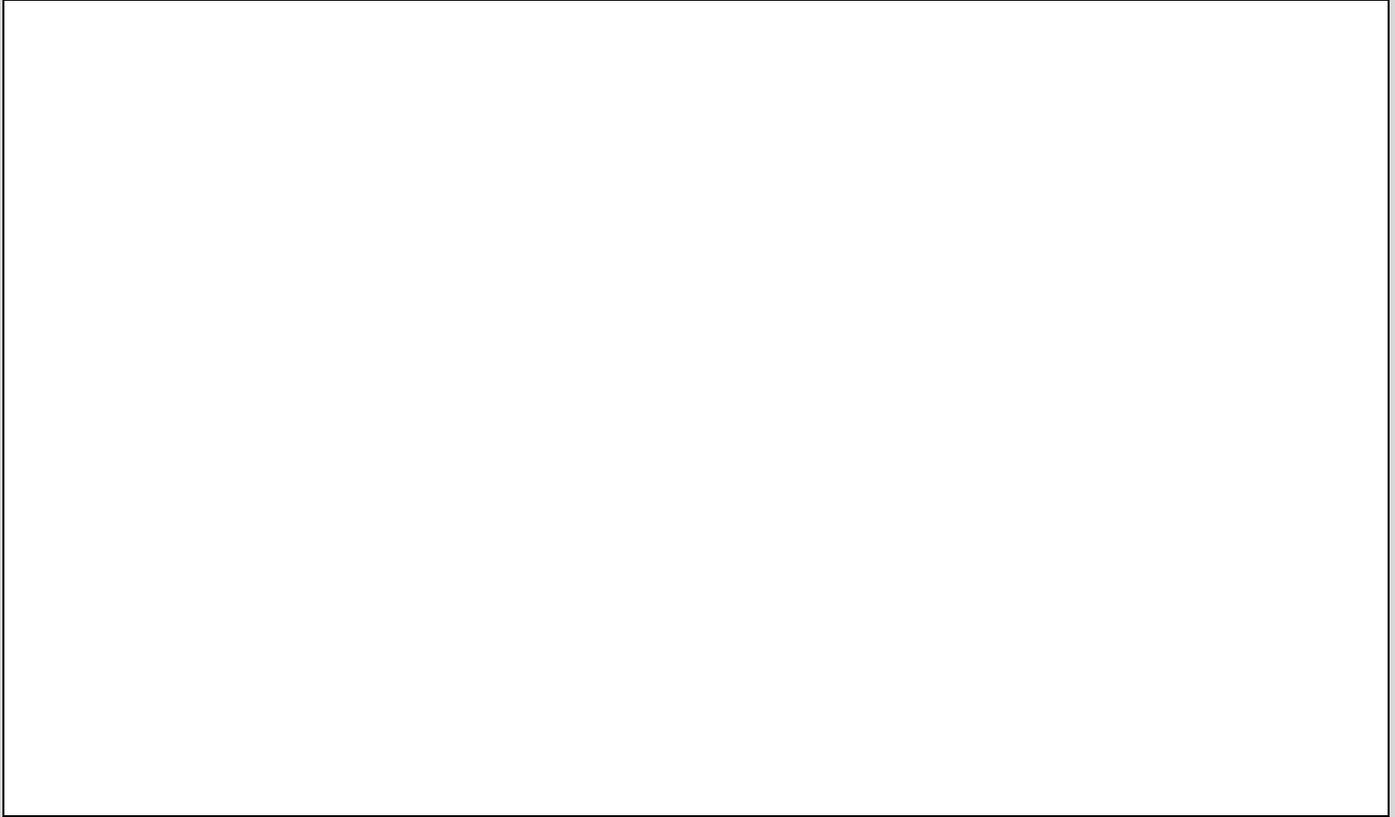
Information submitted on this application will be kept confidential to the extent permitted by Vermont law. If you are recommended by the Council for appointment by the Governor, the Governor's Office may conduct a background check. The Governor's Office considers the information obtained to be confidential; it will not release this information unless it is required by law.

I hereby authorize that my criminal record history and tax records be released to the Governor or the Governor's representative and certify that the information provided in this application is true, correct, and complete to the best of my knowledge.

Signature

Date

4. Describe your involvement in the developmental disabilities community (personal experience, organization member, etc).



5. Please explain why you are interested in serving on VTDDC:



6. Have you ever been elected or appointed to public office in Vermont (including other boards or commissions)? If yes, please describe and include dates:

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7. Council members attend four all-day meetings each year, represent VTDDC in their community, and may serve on additional committees.

Can you commit to attending four meetings a year?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have time to review materials and prepare for meetings?	<input type="radio"/> Yes	<input type="radio"/> No

8. List 3 non-family references who support your application:

First / Last Name		
Phone(s)		
How do you know each other?		

First / Last Name		
Phone(s)		
How do you know each other?		

First / Last Name		
Phone(s)		
How do you know each other?		

9. Do you have questions for VTDDC?

If you'd like support filling out the application, have questions, or concerns, you may contact VTDDC staff by phone [1-802-828-1310](tel:1-802-828-1310) or by email vtddc@vermont.gov

10. Send your completed application by Post-Mailing to:



Vermont Developmental Disabilities Council
 322 Industrial Lane
 Berlin, Vermont 05633-0206

Thank you
 for applying.
 We can't wait
 to meet you.