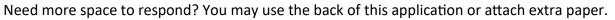
## **VERMONT DEVELOPMENTAL DISABILITIES COUNCIL**

## **Citizen Members Application**

Signature





**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.

| 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 Addres  | ss Mailing Ad                        |                            | ldress          | Phone(s)           |   |  |  |  |  |
|  |                                      |                            |                 |                    |   |  |  |  |  |
|  |                                      |                            |                 | Email(s)           |   |  |  |  |  |
|  |                                      |                            |                 |                    |   |  |  |  |  |
| 2. How do you ident  | ify yourself?                        |                            |                 |                    |   |  |  |  |  |
| I have ( ) a develop   | mental disabi                        | lity.                      |                 |                    |   |  |  |  |  |
| I am a O Parent / (  | Sibling /                            | Child of a                 | person with     | a developmer       | ntal disability.  |  |  |  |  |
| Other:   |                                      |                            |                 |                    |   |  |  |  |  |
| I describe my/ his/ her disability as:   |                                      |                            |                 |                    |   |  |  |  |  |
|  |                                      |                            |                 |                    |   |  |  |  |  |
| 3. Background Chec   | k and Membe                          | er Applicat                | ion Agreem      | ent                |   |  |  |  |  |
|  | l by the Council<br>Governor's Offic | for appointmee considers t | nent by the Gov | vernor, the Gove   | rmitted by Vermont law.<br>rnor's Office may conduct a<br>confidential; it will not |  |  |  |  |
| _  | tative and certif                    | y that the inf             | •               | ded in this applic | to the Governor or the cation is true, correct, and                                 |  |  |  |  |

Date

| 4. Describe your involvement in the developmental disabilities community (personal experience, organization member, etc.). |                  |               |              |        |  |  |  |  |
|--|------------------|---------------|--------------|--------|--|--|--|--|
|  |                  |               |              |        |  |  |  |  |
|  |                  |               |              |        |  |  |  |  |
|  |                  |               |              |        |  |  |  |  |
|  |                  |               |              |        |  |  |  |  |
|  |                  |               |              |        |  |  |  |  |
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| -  |                  |               |              |        |  |  |  |  |
|  |                  |               |              |        |  |  |  |  |
|  |                  |               |              |        |  |  |  |  |
| 5. Please exp  | lain why you are | interested in | n serving on | VTDDC: |  |  |  |  |
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| 5. Please exp  | lain why you are | interested in | n serving on | VTDDC: |  |  |  |  |

| 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?  | ) No  |  |  |  |  |  |  |  |  |  |
| Would you have time to review materials and prepare for meetings?  Yes   | No No |  |  |  |  |  |  |  |  |  |
| 8. List three 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 or have questions, you may call us at <u>1-802-828-1310</u> or email <u>vtddc@vermont.gov</u>

10. Send your completed application by mail to:

Vermont Developmental Disabilities Council 100 State Street, Suite 342 Montpelier, VT 05633-0206



