

**Need a different format? Ask us about a larger application or having a scribe over the phone.
Let us know how we can support you.**

VTDDC Member Application for Governor Appointment

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 another form for presentation to the Governor's Office as part of the appointment process.

Name: _____

Birthday: _____ Town: _____

Addresses and Contact Information

Mailing Address: _____ Phone Numbers and Email: _____

How are you connected to people with disabilities?

I have a developmental disability.

I describe my disability as: _____

I'm a family member/guardian of a person with a disability.

Our relationship is: _____

His/her disability is: _____

Other (such as service provider, advocate, etc.).

My connection is: _____

Flip to other side to complete application.

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For information and support to complete the application or to ask questions about VTDDC, call or email us at:

802-828-1310
888-317-2006 toll free
vtddc@vermont.gov

Visit us on the Web
www.ddc.vermont.gov

Please sign and mail your completed application to:

VTDDC
103 South Main Street
One North, Suite 117
Waterbury, VT 05671



VERMONT DEVELOPMENTAL DISABILITIES COUNCIL

The Mission of VTDDC is to help build connections and supports that bring people with developmental disabilities and their families into the heart of Vermont communities.

**BECOME A MEMBER
AND MAKE A
DIFFERENCE FOR ALL
VERMONTERS**

2016

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

Multiple horizontal lines for text entry.

Please explain why you are interested in serving on VTDDC:

Multiple horizontal lines for text entry.

Have you ever been elected or appointed to public office in Vermont (including other boards/commissions)?

If yes, please describe (and include dates): Multiple horizontal lines for text entry.

Can you attend daytime meetings (9am to 4pm)? Yes No
Can you review materials to prepare for meetings? Yes No

List 3 non-family references who support your application.

Names: Phone Numbers: Multiple horizontal lines for text entry.

The Governor's Office may conduct a background investigation as needed. It considers the information obtained to be confidential. It will not release this information for public inspection unless it is required. Information submitted on this application will be kept confidential to the extent it is permitted by Vermont 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

What'd we miss? Please feel welcome to attach your resume or additional paper if you need more space to answer questions.

For information, help, and mailing details, flip to other side.