

# Becoming a Member



## VT 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.*

The Vermont Developmental Disabilities Council is a state-wide board that works to increase public awareness about critical issues affecting people with developmental disabilities and their families. 14 of its 23 members are self-advocates and family members.

Membership for individuals and families is based on the federal definition of developmental disability:

*A disability that begins before age 22 that substantially affects three or more activities of daily life such as self-care, communication, movement, learning, self-direction, independent living, and employment.*

VTDDC receives about \$475,000 each year in federal funds that are used to create positive change for those with developmental disabilities. Members play a key role in letting VTDDC know what is happening for those with developmental disabilities throughout Vermont and in deciding how to use funds to have the greatest impact in people's lives. Members are expected to attend four day-long meetings each year, and to be active participants on a committee or work group. They may receive stipends and are reimbursed for expenses needed to attend.

VTDDC funds public education, leadership training, and advocacy projects aimed at enhancing individual and family-centered supports and services. For example, VTDDC funds Green Mountain Self-Advocates to expand local chapters throughout Vermont. It helped to fund the videos "Living the Autism Maze" and "Speak Out for Understanding", and the brochure "Choosing Words with Dignity." If you haven't heard of VTDDC, you might have heard of our Executive Committee Fund, which helps self-advocates and family members attend conferences and trainings.

Call us at (802) 828-1310 or toll-free at (888) 317-2006 for more information.

You can also check our web-site at [www.ddc.vermont.gov](http://www.ddc.vermont.gov)

## VTDDC MEMBER APPLICATION FOR GOVERNOR APPOINTMENT

<b>Name</b>			
<b>Birthday</b>			
<b>Town of Residence</b>		<b>Year-round Resident?</b>	
<b>Mailing Address</b>		<b>Home Phone</b>	
		<b>Work Phone</b>	
		<b>Cell Phone</b>	
<b>Business Address</b>		<b>Email (s)</b>	
		/	
		<b>Occupation</b>	

**VTDDC follows the federal definition of developmental disability:**

*A disability that begins before age 22 that substantially affects three or more activities of daily life such as self-care, communication, movement, learning, self-direction, independent living, and employment.*

**Please check the category that fits you:**

I am a person with a developmental disability

**Please describe your disability:**

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I am a  Family Member of -OR-  Guardian of

an adult

a child with a developmental disability

**Please describe your relationship:**

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**Please describe the disability:**

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**Other. My connection with the developmental disability community is:**

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(Example: service provider employee; advocate for an organization, etc.)

**Please let us know more about your connection to the developmental disability community by answering these questions and adding any other information you think would be helpful:**

**Describe your involvement with people who have developmental disabilities:**

(Example: personal experience, other organizations you are active in, etc.)

**Please explain why you are interested in serving on VTDDC:**

**Please add anything else you think we should know.**

**You may attach a resume or any other documents that you would like VTDDC to consider.**

Can you attend daytime meetings?

Yes  No

Can you review materials to prepare for meetings?

Yes  No

Please list 3 people who are not family members who would support your application:

Name

\_\_\_\_\_

Phone #

\_\_\_\_\_

Name

\_\_\_\_\_

Phone #

\_\_\_\_\_

Name

\_\_\_\_\_

Phone #

\_\_\_\_\_

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

Yes  No

If yes, please list and include dates:

Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance?

(exclude traffic violations for which a fine or civil penalty of \$150 or less was paid)

Yes  No

If yes, please explain:

**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.**

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**Signature**

**Date**

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.

For information and support to complete the application or to ask questions about VTDDC, call us at (802) 828-1310 or toll-free at (888) 317-2006

**Please sign and mail completed application to:**

VT Developmental Disabilities Council  
103 South Main Street  
One North, Suite 117  
Waterbury, VT 05671-0206