

MEMBERSHIP APPLICATION

For the Vermont Developmental Disabilities Council.

If there is not enough space to write your answers, you can use the lines on the back to finish or attach a sheet with your answers.

1. TELL US ABOUT YO	DURSELF							
Full Name:								
Birthday:		Race:						
Pronouns:	m She/Her	◯ They/Th	em Other					
- How can we contact ye	ou?							
Phone:		Email:						
- What's your mailing address?								
Street:			АРТ:					
Town:			Zip Code:					
2 WHAT'S YOUR CO	NNECTION TO THE D	ISABILITY C	OMMUNITY?					
I have () a developme								
I am a O Parent / Sibling / O Child of a person with a developmental disability.								
Other:								
I describe my/ their disability as:								
3. BACKGROUND CHECK AND MEMBER APPLICATION AGREEMENT								
Everything on this application will be kept confidential to the extent permitted by Vermont law. If you become a member, the Governor's Office will do a background check. This means that the Governor's Office checks that you have not been found guilty of a crime and you have paid your taxes.								
Sign Your Name			Date					

4	. EXPERIENCE, ADVOCACY, AND LEADERSHIP
A) Why do you want to be on the Vermont Developmental Disabilities Council?
В) Please tell us about things that you have done to help people with developmental disabilities. Examples include volunteering, teaching peers, having a leadership role in family support or self-advocacy organization.
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and may ser	ve on additional committees.	, car, roprocessis re		,					
Can you commit to attending four meetings a year? Yes									
Can you commit to reviewing materials to prepare for the meetings?									
6. LIST 3 NON-FAMILY REFERENCES WHO SUPPORT YOUR APPLICATION:									
Name 1:									
Phone:		Email:							
- How do yo	u know each other?								
Name 2:									
Phone:		Email:							
- How do you	u know each other?								
Name 3:									
Phone:		Email:							
- How do you	u know each other?								

- Council members attend four all-day meetings each year, represent VTDDC in their community.

7. EMAIL OR POST MAIL YOUR COMPLETED APPLICATION:

The Council is happy to assist you in filling out this application.

We also accept applications in alternative formats, like video.

Please let us know how we can help you apply.

Contact us by phone: 1-802-828-1310, email: vtddc@vermont.gov or post mail: VTDDC, 100 State Street, Suite 342, Montpelier, VT 05633-0206



- If you ran out of lines answering the questions, you can use these extra lines to complete them. You can also attach a separate sheet of paper.							

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