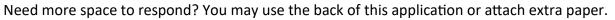
VERMONT DEVELOPMENTAL DISABILITIES COUNCIL

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	Physical Address Mailing		Phone(s)					
			Email(s)					
2. How do you identify yourself?								
I have () a develop	mental disability.							
I am a O Parent / O Sibling / O Child of a person with a developmental disability.								
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.								

Date

4. Describe your involvement in the developmental disabilities community (personal experience, organization member, etc.).					
-					
5. Please exp	lain why you are	interested in	serving on VT	DDC:	
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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:								
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?			○ Yes	○ No				
Would you have time	○ Yes	○ 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



