

# VERMONT DEVELOPMENTAL DISABILITIES COUNCIL

## Citizen Members Application

Need more space to respond? You may use the back of this application or attach extra paper.



**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.

### 1. Name and Contact Information

<b>First / Last Name</b>			
<b>Birthday</b>		<b>Town</b>	
<b>Physical Address</b>	<b>Mailing Address</b>		<b>Phone(s)</b>
<hr/>	<hr/>		
<hr/>	<hr/>		
		<b>Email(s)</b>	

### 2. How do you identify yourself?

<b>I have <input type="radio"/> a developmental disability.</b>	
<b>I am a <input type="radio"/> Parent / <input type="radio"/> Sibling / <input type="radio"/> Child of a person with a developmental disability.</b>	
<b><input type="radio"/> Other:</b>	
<b>I describe my/ his/ her disability as:</b>	
<hr/> <hr/>	

### 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.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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:

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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?	<input type="radio"/> Yes	<input type="radio"/> No
Would you have time to review materials and prepare for meetings?	<input type="radio"/> Yes	<input type="radio"/> 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 [1-802-828-1310](tel:1-802-828-1310) or email [vtddc@vermont.gov](mailto:vtddc@vermont.gov)

10. Send your completed application by mail to:

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



*THANK YOU  
FOR APPLYING.*

We can't wait to meet you.

