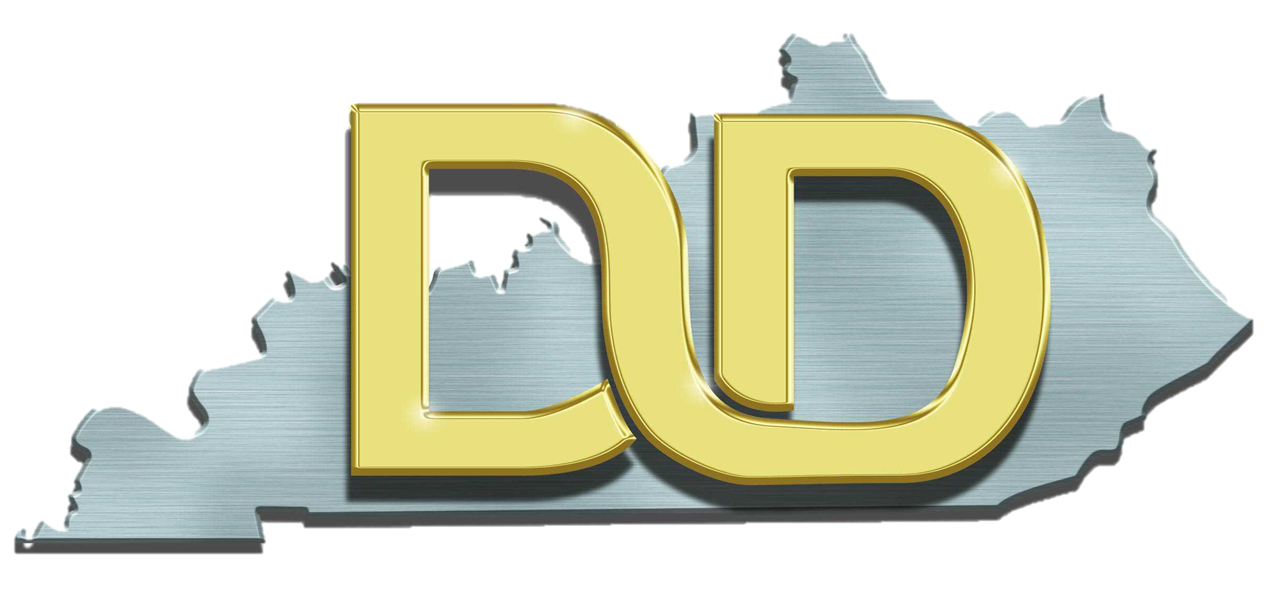
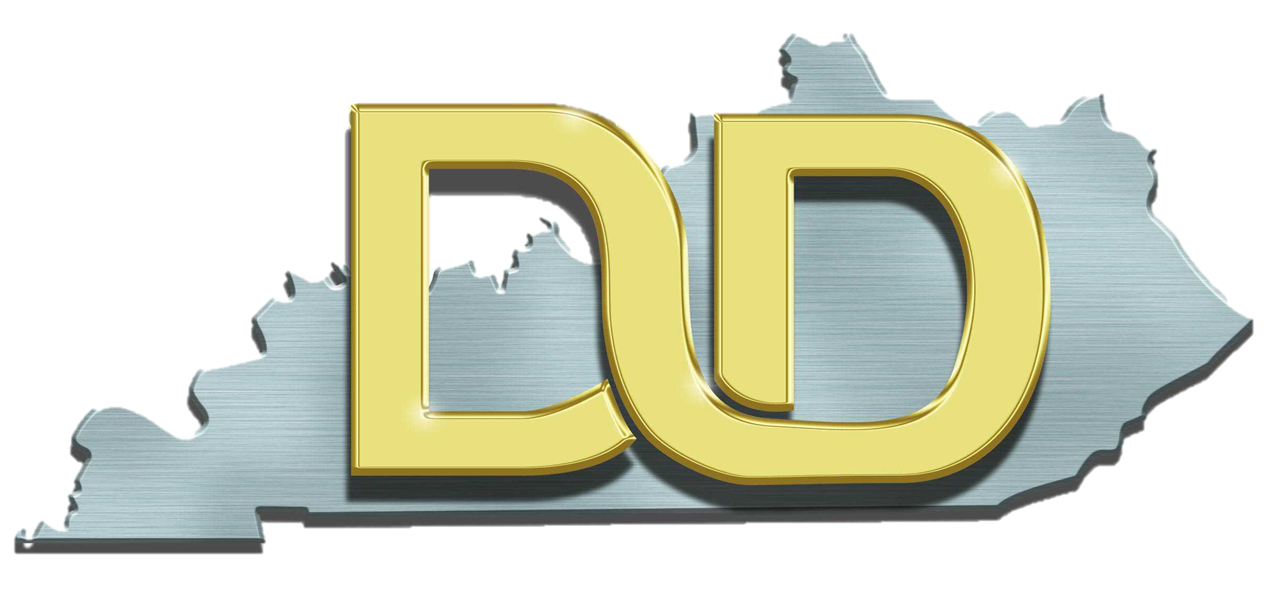
COMMONWEALTH COUNCIL ON DEVELOPMENTAL DISABILITIES

***Advocates of Change ***

*Application of Interest*

|  |  |  |  |  |  |  |  |  |  |
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| **NAME** | | | | | | **STREET ADDRESS** | | | |
| **CITY** | | **COUNTY** | | | | **ZIP CODE** | | **E-MAIL ADDRESS** | |
| **HOME PHONE** | | **WORK PHONE** | | | | **FAX** | |
| *This information is being requested in accordance with federal regulations. It is the goal of the council to become more diverse in its membership. Please**indicate your ethnic/racial identity so that you can accurately be reflect in our data base* | | | | | | | | | |
| RACIAL OR ETHNIC GROUP AND GENDER | | | | | | | | | |
|  | White/Caucasian | |  | Hispanic/Latino | | |  | | Female |
|  | African American/Black | |  | Other | | |  | | Male |
| REPRESENTATION | | | | | | | | | |
| **Who do you represent?** Please check all that apply. *(definition of Developmental Disability can be found on our website kyccdd.com)* | | | | | | | | | |
| Person with Developmental Disability(DD) | | | | |  | Parent of an Adult Child with a DD | | | |
| Parent of a Child with a DD | | | | |  | Other | | | |
| Relative, Parent, or Guardian of a Person  With DD who lives, or lived in an institution. | | | | |  |  | | | |
| TELL US ABOUT YOURSELF | | | | | | | | | |
| **If you are a person with a developmental disability (DD), please describe your disability.** | | | | | | | | | |
| **If you are a person with a developmental disability, what, if any, accommodations would you require in order to participate?** | | | | | | | | | |
| **If you are a parent of a child/children with developmental disabilities please list age(s) and disabilities:** | | | | | | | | | |
| Why do you want to be on the Commonwealth Council on Developmental Disabilities? | | | | | | | | | |
| What strengths/skills/talents do you bring to the council? | | | | | | | | | |
| What are your specific concerns/interests in disability issues? | | | | | | | | | |
| How did you learn about the Commonwealth Council on Developmental Disabilities? | | | | | | | | | |
| Please list any volunteer experience or employment you have or have had with community organizations, disability organizations or types of experience you have or had in advocating for people with disabilities and indicate any office held. | | | | | | | | | |

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| **CAN YOU COMMIT TO AT LEAST 4 TWO-DAY MEETINGS PER YEAR?**  \_\_\_\_\_ Yes- Advanced dates and locations are necessary to schedule other dates around them.  \_\_\_\_\_ Maybe- Advanced dates and locations are necessary, however, other obligations may take precedence  \_\_\_\_\_ No- If no, please explain below  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Council Members should be involved with multiple committees/workteams. How involved do you want to be with Council issues?**  **\_\_\_\_\_ Very Involved-** high level of participation, contact at regulars intervals, available above and beyond regular council meetings.  **\_\_\_\_\_ Somewhat involved-** I would be available for Council meeting but my time outside of those meetings is limited. |
| **Council members are encouraged to contribute at all Council meeting discussions. In many circumstances, Council members are expected to present information to other Council members, policy makers and others. What is your level of comfort in speaking before groups and meeting these expectations?**  **\_\_\_\_ Very Comfortable-** I enjoy group participation and would like to experience presentations before groups.  **\_\_\_\_ Comfortable-** Group participation is acceptable, prefer not to make presentations  **\_\_\_\_ Uncomfortable-** I like small work groups but not giving presentations. |

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| **Additional Space: Use this space to complete any question or attached additional sheets** |
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return application via mail or fax by using the contact information below:

CCDD 32 Fountain Place Frankfort, KY 40601

Fax: 502/ 564- 9826

COMMONWEALTH OF KENTUCKY

INFORMATION FOR BOARDS AND COMMISSIONS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Return Completed Form To:  Brett Gaspard, Executive Director of Boards and Commissions  Governor’s Office  Suite 132, State Capitol  Frankfort, KY 40601  (FAX 502/564-2647) | Please indicate Boards/Commissions you wish to consider | | | | | | |
| **Please submit a current resume with the application** | | | | | | |
| Your Name (Last, First, Middle)  Mr.  Ms.  Mrs. | | | | **\***County | **\***Congressional District | | **\*** Supreme Court District | |
| Home Address | | City | | State | Zip | | | |
| Date of Birth | | | | \*Party Affiliation: Dem. Rep. Ind.  (Underline one) | | Race | | |
| Your Occupation | | | Business Phone Number & Fax Number | | Residence Phone Number | | | |
| Email Address | | | | | Mobile Number | | | |
| Current Employer | | Business Address | | | | | | |
| Spouse’s Name | | Spouse’s Employer | | | | | | |

**EDUCATION AND GENERAL QUALIFICATIONS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Level | Name of School | No. Years Attended | Did you Graduate | Major Course(s) of  Study |
| High School |  |  |  |  |
| College/Other |  |  |  |  |
| Memberships in Organizations.  Also Indicate Current Positions  With Political Party or  Organization.  Indicate Any Public Office  Currently Held. |  | | | |
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HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE INDICATE CHARGE, DATE AND PLACE.

**By signing below, I understand the Governor’s Office may conduct a complete check on my background and do hereby authorize such an investigation**.

REFERENCES (List two persons not related to you, whom you have known for at least one year)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Phone Number | Years Acquainted |
|  |  |  |  |
|  |  |  |  |

**\*Necessary for certain boards to comply with state law in regard to balance**

DATE: SIGNATURE: