APPLICATION FOR COUNCIL MEMBERSHIP

The Council recruits and interviews potential members and makes recommendations to the Governor for appointment to three-year terms. Roughly one-third of our members are people with developmental disabilities and one-third are parents, family members or guardians of people with developmental disabilities. The others represent agencies required by State and Federal law.

Unfortunately, it is not possible to select everyone who wishes to serve. When recruiting potential members, the Council seeks those who are committed to working to improve the lives of all people with developmental disabilities statewide. The Council strives for membership that is diverse and representative of the state. We seek people who have completed a leadership training program such as the UNH Institute on Disability Leadership series so that they have been exposed to the issues and philosophies that touch the lives of people with disabilities and/or have demonstrated leadership through their actions. Council members are required to attend full Council meetings, currently from 1:00 – 3:00 PM on the second Thursday of every other month, and expected to actively participate in committee work.

Please complete the information below and mail to the NH Council on Developmental Disabilities, 2 ½ Beacon Street, Concord, NH 03301-4477 - or fax to (603) 271-1156. For additional information, please contact the Council office at (603) 271-3236, or see our web site at www.nhcdd.org.

Your Name: ____________________________ City/Town: ____________________________
Address: _____________________________________________ Zip: ____________________________
Phone #: ________________________________ E-mail: ________________________________
Website/Blog: ________________________________________________________________

For which category are you applying for membership?

____ Person with a developmental disability
____ Parent or guardian of a person with a developmental disability
____ Representative of an organization (Please give organization name if applicable.)
What is your interest in serving on the Council? ____________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Please give a brief biography of yourself (or attach information). __________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
What skills, experience, and gifts would you bring to the Council? _______________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Have you completed a leadership training program? ________
If so, please identify the program(s) and dates of completion: _____________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Please identify any organizations that you have been active in and any leadership positions
you have held: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
What are your special areas of interest and/or issues that concern you most? ______________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
What accommodations would you require to participate fully in Council activities?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Thank you for your interest in serving on the Council.
This section is optional, but helps us to achieve better quality and effectiveness of our programs:

Town of residence: ________________________________

Gender:   Man ____   Woman ____ Gender Non-Conforming ____
Race:  American Indian or Alaska Native ____  
       Asian ____  
       Black or African American ____  
       Native Hawaiian or Other Pacific Islander ____  
       White ____  
       Prefer to Self-Describe ____________________________

Ethnicity:  Non-Hispanic ____  Hispanic/Latino ____

Military Service

Have you or a family member ever served in the military? ________________________________

____________________________________________________________________________________

_____________________________________________  _____________
Signature of Applicant  Date