

Governor's DD Council Application for Membership – Application Addendum

Name _____

Personal/demographic information:

Person with a developmental disability? What is the disability? _____

Parent or guardian of a child with a developmental disability? child's age _____
What is your child's disability? _____

Immediate relative or guardian of an adult with a developmental disability that is unable to advocate for themselves.

What is your family member's disability? _____

Advocate

State agency representative

Employed? YES NO Employer _____

Please list the activities, groups, organizations, and boards at any level to which you belong, with which you could help connect the Council (providing input to and from the Council). Include leadership positions

Please describe your current involvement with developmental disabilities issues _____

How do you feel your skills and experience, and your affiliations could help the Council with its systems change efforts? _____

Council meetings begin about 9:00 a.m. on the third Thursday of odd numbered months, and usually end by 4:30 p.m. Most meetings are held in Des Moines.

Will you be able to attend Council meetings? Yes No

Signature: _____ Date: _____
