IDAHO COUNCIL ON DEVELOPMENTAL DISABILITIES
802 W. Bannock, Suite 308
Boise ID 83720-0280

COUNCIL APPOINTMENT APPLICATION

Mail Application to above address
Application can be faxed to 208-334-3417
Application must be postmarked or faxed by **April 1 each year**

NAME		STREET ADDRESS	
CITY	COUNTY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	FAX	E-MAIL ADDRESS

ARE YOU: ☐ MALE ☐ FEMALE

☐ CAUCASIAN ☐ HISPANI
☐ AFRICAN AMERICAN ☐ ASIAN
☐ NATIVE AMERICAN ☐ OTHER

DO YOU ☐ SPEAK ☐ WRITE A LANGUAGE OTHER THAN ENGLISH? WHAT LANGUAGE(S)

1. I AM APPLYING FOR: ☐ FIRST TIME APPOINTMENT ☐ REAPPOINTMENT

2. I AM APPLYING AS:
☐ State Agency Representative
☐ Local Agency Representative
☐ Higher Education Representative
☐ For Profit Provider Representative
☐ Nonprofit Representative
☐ Person With a Developmental Disability
☐ A Parent Of A Child With a Developmental Disability
☐ A Parent Of An Adult Child With a Developmental Disability
☐ Relative, Parent, or Guardian of a Person w/ Dev. Disability who Currently is or was in an Institution
☐ Protection and Advocacy Organization Representative
☐ University Center for Excellence Representative
☐ Other (please list) _____

3. A. TELL US WHAT QUALIFIES YOU FOR THE BOX YOU CHECKED IN # 2.

_____
_____
_____
_____

B. THE COUNCIL PROVIDES NECESSARY ACCOMODATIONS TO MEET ITS MEMBERS NEEDS SUCH AS ACCESSIBLE TRANSPORTATION/LODGING, PERSONAL CARE SERVICES, INTERPRETER, FACILITATOR, SPECIAL DIET, & ETC. DO YOU REQUIRE ANY SPECIAL ACCOMODATIONS? IF SO, DESCRIBE:

_____
_____
_____
_____

4. WHAT ARE YOUR SPECIFIC DISABILITY RELATED INTERESTS/CONCERNS?

_____
_____
_____
_____

5.	WHAT HAVE YOU DONE TO ADDRESS/RESOLVE YOUR SPECIFIC DISABILITY RELATED INTERESTS/CONCERNS? _____ _____ _____ _____
6.	AS A COUNCIL MEMBER, WHAT DO YOU EXPECT TO CONTRIBUTE THAT WILL IMPROVE THE LIVES OF IDAHOANS WITH DISABILITIES? _____ _____ _____ _____
7.	A. MY COMMITMENT LEVEL FOR WORKING ON MY DISABILITY RELATED ISSUES/CONCERNS IS: ☐EXTREMELY HIGH ☐ HIGH ☐ AVERAGE ☐ LOW B. MY COMMITMENT LEVEL FOR WORKING ON OTHER ISSUES AFFECTING PEOPLE WITH DEVELOPMENTAL DISAIBLITIES IS: ☐EXTREMELY HIGH ☐ HIGH ☐ AVERAGE ☐ LOW C. MY COMFORT LEVEL FOR SPEAKING IN AND BEFORE GROUPS AND MAKING PRESENTATIONS IS: ☐EXTREMELY HIGH ☐ HIGH ☐ AVERAGE ☐ LOW D. MY COMFORT LEVEL FOR PRESENTNG INFORMATION TO STATE AND LOCAL ELECTED OFFICIALS IS: ☐EXTREMELY HIGH ☐ HIGH ☐ AVERAGE ☐ LOW
8.	DO YOU HAVE COMMITMENTS OR CONFLICTS THAT MIGHT PREVENT YOU FROM ATTENDING QUARTERLY COUNCIL MEETINGS IN BOISE? ☐ NO ☐ YES IF "YES", PLEASE EXPLAIN:
9.	PLEASE LIST THREE (3) NON-FAMILY REFERENCES WITH ADDRESSES AND PHONE NUMBERS. AT LEAST TWO OF THESE REFERENCES SHOULD BE PROFESSIONAL (EMPLOYER, CHILD'S TEACHER, CIVIC LEADER, ELECTED OFFICIAL, CLERGY, ETC.). A._____ B. _____ _____ _____ _____ _____ C. _____ _____ _____

10.	PROVIDE ANY OTHER INFORMATION THAT WILL HELP US TO KNOW YOU BETTER. USE ADDITIONAL PAPER IF NECESSARY.