



NEW HAMPSHIRE

COUNCIL ON DEVELOPMENTAL DISABILITIES

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 #s: _____ 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