



Application for Council Membership

Thank you for your interest in serving on the New Hampshire Council on Developmental Disabilities. The council recruits and interviews potential members and makes recommendations to the Governor for appointment to three-year terms.

Council membership is made up of

- 1/3 people with developmental disabilities
- 1/3 parents or guardians of people with developmental disabilities
- 1/3 representatives of state agencies and adjacent organizations

The council seeks those who are committed to working to improve the lives of all people with developmental disabilities statewide. We strive for membership that is diverse and representative of our state.

Council members are required to attend quarterly Full Council meetings. These meetings are hybrid. They are on the second Thursdays of:

- **January** 12:00 pm – 3:00 pm
- **March** 10:00 pm – 3:00 pm
- **June** 12:00 pm – 3:00 pm
- **September** 10:00 pm – 3:00 pm

We have 4 engaging committees to get you involved:

1. **Policy** – Keeps the council updated on laws and policies that affect people with developmental disabilities and their families. Helps the council develop its official position on prospective changes.
2. **Member Relations** – Helps council members to remain active and engaged. Recruits new members.
3. **Finance** – Monitors the council's budget to make sure it aligns with the 5-year plan.
4. **Program and Planning** – Advises the council on the Small Grant Program and reviews and approves grant applications.

Complete the form below and mail to:
NH Council on Developmental Disabilities
2 1/2 Beacon Street, Concord, NH 03301-4477

or email to Vanessa.A.Blais@DDC.NH.gov.

For additional information, please contact the Council office at (603) 271-3236 or see our web site at www.NHCDD.NH.gov.

Name: _____

Address: _____

City/Town: _____ Zip Code _____

Phone: _____

E-Mail: _____

The Council draws its membership exclusively from 3 groups. Which group do you represent?

- Person with a developmental disability
- Parent or guardian of a person with a developmental disability
- Representative of an organization

Name of organization: _____

What is your interest in serving on the Council?

Please give a brief biography of yourself (or attach information).

What skills, experience, and talents would you bring to the Council?

What organizations have you been part of? What leadership positions did you have?

What are you interested in? What are you concerned about?

What accommodations would you need to be active in the Council?

Examples: I need handouts in large print. OR I need a sign language interpreter or I need reminders of meetings and tasks.

If chosen to be on the Council, which committee would you like to serve on?

- Policy
- Member Relations
- Finance
- Program and Planning

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?

Self Family Member – Relationship: _____

Signature of Applicant

Date