



NEW HAMPSHIRE COUNCIL ON
DEVELOPMENTAL DISABILITIES

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. Roughly one-third of our members are people with developmental disabilities and one-third are parents or guardians of people with developmental disabilities. The others represent agencies required by state and federal law.

When recruiting potential members, 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 the state.

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 participate in committee work. We have four 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 any changes.
2. **Member Relations** – Helps Council members to remain active and engaged and recruits new members.
3. **Finance** – Monitors the Council's budget to make sure it aligns with the five-year plan.
4. **Program and Planning** – Advises the Council on the Small Grant Program and approves applications.
5. **Self-Advocate Leadership Team (SALT)** – Individuals with developmental disabilities who serve as consultants for the NHCDD and other advocacy organizations.

Please complete the information below and mail to: **NH Council on Developmental Disabilities, 2 1/2 Beacon Street, Concord, NH 03301-4477** - or fax to (603) 271-1156. The application can also be emailed to vanessa.blais@DDC.NH.gov. For additional information, please contact the Council office at (603) 271-3236, or see our web site at www.NHCDD.org.

Name: _____

Address: _____

City/Town: _____ Zip Code _____

Phone: _____

E-Mail: _____

Website/Blog: _____

The Council draws its membership exclusively from three groups: people with developmental disabilities, parents or guardians of people with developmental disabilities and representatives of organizations. Which category 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 gifts would you bring to the Council?

Have you completed a leadership training program? Yes No Currently Enrolled

What was the name of the program? When did you finish?

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

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

Do you need help to be active in the Council? What kind of help do you need? 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
- Self-Advocate Leadership Team (SALT)

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 – Relation: _____

Signature of Applicant

Date