APPLICATION FOR ENDORSEMENT TO THE GOVERNOR

FOR APPOINTMENT TO THE

NORTH CAROLINA COUNCIL ON DEVELOPMENTAL DISABILITIES

(Additionally, an Application for Boards and Commissions (pdf) is required by the Office of the Governor)

(Please type	or print legibly.)		
NAME:			
	First	Middle	Last
ADDRESS:			
3			
TELEPHONE	:: HOME ()_	BUSINESS ()
	FAX ()	E-MAIL	

BACKGROUND INFORMATION

This endorsement is for the following category:

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An individual with developmental disabilities/self-advocate

A parent or guardian of a child (0-21) with developmental disabilities

An immediate relative or guardian of an adult with developmental disabilities An immediate relative or guardian of an adult with a developmental

disability who resides or previously resided in an institution

Representative of a local and non-governmental agency, or private, not-forprofit group concerned with services to persons with developmental disabilities

If parent or guardian of a child with a developmental disability, please provide child's age:_____

Please tell us about yourself/the candidate. Briefly discuss how you/the candidate became interested in disability issues, and present or past involvement in disability advocacy.

DEMOGRAPHIC INFORMATION: (optional)

DATE OF BIRTH: _____ SEX: Male __Female

ETHNIC GROUP: (This information is helpful in endorsing applicants of culturally diverse backgrounds.)

White

Black (African-American)

Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other)

Asian (including Pacific Islander)

American Indian (including Alaskan native)

Other (optional specify)

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WANT TO BE CONSIDERED FOR ENDORSEMENT TO THE NC COUNCIL ON DEVELOPMENTAL DISABILITIES BECAUSE:

(What skills and interests would you bring to the Council?) (Please keep to 1 page)

POSITION QUESTIONS

(Please give brief answers.)

1. What do you believe are the two or three most important issues for people with developmental disabilities and their families? Please explain.

2. What activities should an organization such as the Council undertake to address these issues?

Please return this application and other material--(résumé, vita, or personal/family history, optional) and any letters of recommendation--on line at the Council website, www.nccdd.org, or by US mail to the following address:

JoAnn Toomey, Director of Operations NC Council on Developmental Disabilities 2010 Mail Service Center Raleigh, NC 27699-2010 (Voice/TDD) (919) 919-527-6500 (Toll Free) (800) 357-6916 (FAX) (919) 850-2915

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