

MAINE DEVELOPMENTAL DISABILITIES COUNCIL

APPLICATION FOR MEMBERSHIP

Name: _____ Today's Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING:

I am a:

Person with a developmental disability (DD). _____ Yes _____ No
Please reference the Federal Definition of DD included in this packet.

If yes, do you now or have you ever lived in an institution (such as Pineland or a nursing home)? _____ Yes _____ No

Parent/guardian of a child under 18 years old who has DD. _____ Yes _____ No

Immediate family member/guardian of an adult who has DD. _____ Yes _____ No

If yes, is the adult who has DD unable to advocate for himself/herself, even with support? _____ Yes _____ No

If yes, has the adult with DD ever lived in an institution (e.g. Pineland Center or a nursing home)? _____ Yes _____ No

Representative of a local and/or non-governmental agency, or a non-profit group concerned with services for persons with DD and their families in Maine. _____ Yes _____ No

(Please note that an immediate relative or guardian of an adult with a may only be considered for Council membership if that adult is unable to advocate for himself/herself, even with supports.)

Please answer the questions on the back of this form on a separate piece of paper (or in a format most convenient for you), and send those answers, along with this form, to the Council's office at the address on the back of this page.

PLEASE RESPOND TO EACH OF THE FOLLOWING, as applicable:

1) Persons with developmental disabilities only:

- Tell us about yourself and your disability.

2) Parents/Guardians/Family members of a person with developmental disabilities only:

- Tell us about your family member/ward with a developmental disability. Please include the age of that person. If he/she is over 18 years of age, please explain why he/she is unable to advocate for himself/herself, even with supports.

3) Representatives of organizations or agencies only:

- Tell us about your organization or agency. Please include your organization's mission and your professional position. Why is your organization or agency interested in membership on the Maine DD Council?

4) All applicants:

A. How did you hear about the Maine DD Council?

B. Why do you want to be a member of the Maine DD Council?

C. Please briefly describe your experiences related to services and/or supports for persons with developmental disabilities and their families.

D. What strengths and/or skills will you bring to the Council?

(Examples: strong self-advocate, advocacy experience, experience with strategic planning, management, or communications, knowledge of the legislative process, personal commitment, etc.)

E. Will you be able to make the necessary time commitment involved in being a member of the Maine DD Council? Please briefly explain.

Note: Meetings of the full DD Council are held quarterly, with some preparation time needed to review materials related to current issues. Council members are also required to serve on at least one of the Council's committees. Those committees meet six to eight times per year. It is important to the work of the Council that members attend these meetings in order to assure broad representation in Council decision-making and to comply with federal rules governing the Council's work.

F. Are you a member or employee of any other disability-related organizations/agencies? (Examples: The Autism Society, Maine Parent Federation, NAMI, etc., or a State agency that provides services for children and/or adults with developmental disabilities)

PLEASE RETURN COMPLETED APPLICATION TO THE COUNCIL OFFICE:

139 State House Station Augusta, ME 04333-0139

Phone: 207 287-4213 / 1-800-244-3990 Voice & TTY Fax: 207-287-8001

www.MaineDDC.org