



Maine Developmental Disabilities Council

APPLICATION FOR MEMBERSHIP

Name: _____ Today's Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Please check either “yes” or “no” for each of the following:

I am a:

- A) Person with a developmental disability (DD)* Yes No
If yes, do you now or have you ever lived in an institution (such as Pineland or a nursing home)? Yes No
- B) Parent/guardian of a child under 18 years old who has DD. Yes No
- C) 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
- D) Member or employee 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
- E) Employed by a State agency that provides services for children and/or adults with developmental disabilities..... Yes No

**(Please refer to the federal definition of ‘developmental disability’ available on our website.)*

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

Please respond to any/all of the following that apply to you. Feel free to use a separate document or sheet of paper if you prefer.

1) If you are a **Person with a Developmental Disability**: please tell us a little about yourself and your disability.

2) If you are the **Parent, Guardian or Family member** of a person with developmental disabilities: please tell us about your family member/ward with a developmental disability, including his/her relationship to you, disability, and age. If the person is over 18 years of age, please explain why he or she is unable to advocate for his/her self even if provided with support.

3) If you are a **Representative of an Organization or Agency**: please tell us about your organization or agency, including its mission and your professional position.

Please respond to each of the following questions. *Feel free to use a separate document or sheet of paper if you prefer.*

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. *

** Please Note: The full Council meets bi-monthly (6 times) throughout the year. In addition, members are required to serve on at least one committee, which may meet as frequently as once a month. Members are expected to review materials and information sent by Council staff in preparation for meetings.*

References

Please provide two references we can contact for a recommendation. These should be individuals who know you personally and/or professionally and would be able to comment on the strengths, skills and experience you would contribute as a member of the Council.

Reference 1:

Name: _____ Phone: _____

Email: _____

How do you know this individual?: _____

Reference 2:

Name: _____ Phone: _____

Email: _____

How do you know this individual?: _____

Please submit your completed application to Council staff via:

Email: erin.howes@maine.gov

Mail: Maine Developmental Disabilities Council

225 Western Avenue, Suite 4

Augusta, Maine 04330

Fax: 207-287-8001

This application can also be completed and submitted online through our website: www.maineddc.org.

Please feel free to contact the Council at 207-287-4213 or 800-244-3990 if you have questions or would like additional information.