



# 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.

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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.

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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.

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**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?

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

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

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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.)

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

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*\* 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: [jessica.l.gorton@maine.gov](mailto:jessica.l.gorton@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](http://www.maineddc.org).

Please feel free to contact the Council at 207-287-4215 or 800-244-3990 if you have questions or would like additional information.