

**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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** HOME (    ) \_\_\_\_\_ BUSINESS (    ) \_\_\_\_\_  
FAX (    ) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**BACKGROUND INFORMATION**

This endorsement is for the following category:

- \_\_\_ 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-for-profit 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)

**I 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](http://www.nccdd.org), or by US mail to the following address:

**JoAnn Toomey, Director of Operations**  
**NC Council on Developmental Disabilities**  
**3125 Poplarwood Court, Suite 200**  
**Raleigh, NC 27604**  
**(Voice/TDD) (919)850-2901**  
**(Toll Free) (800)357-6916**  
**(FAX) (919)850-2915**