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:				
A parentAn immeAn imme disability whoReprese	dual with developmental d or guardian of a child (0-2 ediate relative or guardian e ediate relative or guardian of resides or previously residentative of a local and non- oncerned with services to p	11) with developmental dis of an adult with development of an adult with a development led in an institution governmental agency, or p	ental disabilities mental orivate, not-for-	
If parent or guplease provide	uardian of a child with a de e child's age:	velopmental disability,		

candidate became interested in disability issues, and present or past involvement in disability advocacy.				
1 				
DEMOGRAPHIC INFORMATION: (optional)				
DATE OF BIRTH: SEX:Male	Female			
ETHNIC GROUP: (This information is helpful in endorsing applicativerse backgrounds.)	ants of culturally			
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. with	What do you believe are the two or three most important issues for people developmental disabilities and their families? Please explain.
2. add	What activities should an organization such as the Council undertake to ress these issues?
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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:

David Ingram, Director of Operations NC Council on Developmental Disabilities 2010 Mail Service Center Raleigh, NC 27699-2010 (Voice/TDD) 984-920-8200 (Toll Free) (800) 357-6916 (FAX) (984)-920-8201