



## Washington State Developmental Disabilities Council

### DD Council Recruiting for Council Members from Central WA

For More  
Information  
Contact:

Ed Holen,  
Executive  
Director  
or  
Linda West  
Membership  
Coordinator  
at  
800-634-4473

The Washington State Developmental Disabilities Council is recruiting candidates from Central Washington to serve on the Governor-appointed Council. Particularly Yakima, Kittitas, Chelan, Douglas, Okanogan and Grant Counties.

#### **Who Can Apply**

People with Intellectual/Developmental Disabilities and family members can apply. **This recruitment focuses on those living in Central Washington.** The Council represents the wide cultural and geographical diversity of our state. Selected council members will hold a three-year term and are eligible for reappointment for a second term. The Council covers all expenses, including travel to meetings, meals and lodging.

#### **The Work of the Council**

The Washington State Developmental Disabilities Council mission is to advocate, promote and implement policies and practices over the life course to create pathways to meaningful, integrated and productive lives for people with I/DD.

For more information check out the Council's website at [www.ddc.org](http://www.ddc.org).

#### **To Apply**

Fill out the attached application and return to Linda West at:

WA St DD Council  
2600 Martin Way E Ste F  
PO Box 48314  
Olympia WA 98504

The application deadline is August 5, 2016.

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>	
Board or commission for which you would like to be considered.					
<b>Contact Information - Home</b>			<b>Contact Information - Work</b>		
			<b>Employer:</b>		
<b>Street Address:</b>		<b>Street Address:</b>			
<b>City:</b>		<b>City:</b>			
<b>State:</b>		<b>State:</b>			
<b>Zip:</b>		<b>Zip:</b>			
<b>County:</b>		<b>County:</b>			
<b>Home Phone:</b>		<b>Work Phone:</b>			
<b>Cell Phone:</b>		<b>Email:</b>			
<b>Email:</b>					
<b>Are you registered to vote in Washington State?</b>			<b>Legislative district in which you reside:</b>		
<b>Birth date</b>			<b>Congressional district in which you reside:</b>		
<b>Have you ever been convicted of or found to have committed a crime offense? (Do not include traffic offenses for which the fine was less than \$200.00)</b>					
<b>If yes, please explain:</b>					
<b>Education</b>					
<b>High School:</b>		<b>College:</b>		<b>Post Graduate:</b>	
<b>Graduated:</b>		<b>Graduated:</b>		<b>Graduated:</b>	
<b>Year Graduated:</b>		<b>Year Graduated:</b>		<b>Year Graduated:</b>	
		<b>Degree:</b>		<b>Degree:</b>	
<b>Current Employment</b>					
<b>Job Title:</b>					
<b>Employer:</b>					
<b>Employment Date:</b>					
<b>Contact Person:</b>					
<b>Contact Phone:</b>					
<b>Professional Licenses held (if applicable)</b>					

**Professional References**

<b>Name:</b>		<b>Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Organization:</b>		<b>Organization:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Phone Number:</b>		<b>Phone Number:</b>	

**Personal References**

<b>Name:</b>		<b>Name:</b>	
<b>Title:</b>		<b>Title:</b>	
<b>Organization:</b>		<b>Organization:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Phone Number:</b>		<b>Phone Number:</b>	

**Previous employment or experience**

**Memberships in professional, civic organizations or government boards or commissions (please include offices held and dates of terms)**

**Community service/volunteer activities**

Could you or any member of your family be affected financially by decisions made by the board or commission for which you are applying?

If yes, please explain:

Have you been a registered lobbyist or have you employed a lobbyist at any time during the past five years?

If yes, did you receive any compensation?

Board and commission meetings are held during the day. Are you able to come prepared and actively participate in day meetings?

Why do you want to serve on this board or commission?

Gender:		US Armed Forces:	
Race:		Branch:	
US Citizen:		Type of Discharge:	
		Campaigns:	

Do you have a permanent physical, sensory, or mental condition that limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking and learning?

No

If yes, please explain:

I hereby authorize that my criminal history and tax records be released to the Governor or the Governor's representative and certify that the information provided in this application is true, correct and complete to the best of my knowledge.

Signature:

Date: