



# COUNCIL MEMBER APPOINTMENT APPLICATION

Mail Application to address at left or fax to 208-334-3417

You must also fill out a Governor's application (see attached) or online at:

<http://gov.idaho.gov/pdf/ApplicationForAppointment1.pdf>

700 W. State Street, First Floor West  
Boise ID 83720-0280

NAME		STREET ADDRESS			
CITY		COUNTY	STATE	ZIP CODE	
HOME PHONE	WORK PHONE	FAX	E-MAIL ADDRESS		
<b>Are you:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> OTHER		<b>Do you</b> <input type="checkbox"/> SPEAK <input type="checkbox"/> WRITE a language other than English? What Language(s)?			
1.	<b>I am applying for:</b> <input type="checkbox"/> First Time Appointment <input type="checkbox"/> Reappointment				
2.	<b>I am applying as:</b> <input type="checkbox"/> Person With a Developmental Disability <input type="checkbox"/> Parent Of A Child With a Developmental Disability <input type="checkbox"/> Immediate Relative, Parent, or Guardian of a Person w/ Dev. Disability who is or was in an Institution <u>or</u> <input type="checkbox"/> Person w/ Dev. Disability who currently is or was in an Institution <input type="checkbox"/> Local Non-governmental Agency and/or Private Nonprofit Organization Representative <input type="checkbox"/> Protection and Advocacy Org. Representative <input type="checkbox"/> University Center for Excellence Representative <input type="checkbox"/> State Agency Representative, agency name: _____ <input type="checkbox"/> Other (please list) _____				
3.	<b>Tell us what qualifies you for the box you check in # 2.</b>				
4.	<b>What are your specific disability-related interests or concerns?</b>				

5.	<p><b>What have you done to address/resolve your specific disability related interests/concerns?</b></p>
6.	<p><b>As a Council member, what do you expect to contribute that will improve the lives of Idahoans with disabilities?</b></p>
7.	<p><b>A. My commitment level for working on my disability related issues/concerns is:</b>  <input type="checkbox"/> EXTREMELY HIGH      <input type="checkbox"/> HIGH      <input type="checkbox"/> AVERAGE      <input type="checkbox"/> LOW</p> <p><b>B. My commitment level for working on other issues affecting people with developmental disabilities is:</b>  <input type="checkbox"/> EXTREMELY HIGH      <input type="checkbox"/> HIGH      <input type="checkbox"/> AVERAGE      <input type="checkbox"/> LOW</p> <p><b>C. My comfort level for speaking in and before groups and making presentations is:</b>  <input type="checkbox"/> EXTREMELY HIGH      <input type="checkbox"/> HIGH      <input type="checkbox"/> AVERAGE      <input type="checkbox"/> LOW</p> <p><b>D. My comfort level for presenting information to state and local elected officials is:</b>  <input type="checkbox"/> EXTREMELY HIGH      <input type="checkbox"/> HIGH      <input type="checkbox"/> AVERAGE      <input type="checkbox"/> LOW</p>
8.	<p><b>Do you have commitments or conflicts that might prevent you from attending quarterly Council meetings in Boise?</b>   <input type="checkbox"/> NO   <input type="checkbox"/> YES   If "YES", please explain:</p>
9.	<p><b>For parent or guardian applicants: do you work for an agency or entity which receives funds for, or provides services to, people with developmental disabilities?</b> (Examples: Medicaid-funded service agency, Vocational Rehabilitation-funded agency, Service Coordinators, Supported Living Agency)  <input type="checkbox"/> NO   <input type="checkbox"/> YES   If "YES", please tell us where you work/your position:</p>

**10. Please list three (3) non-family references with addresses and phone numbers. At least two of these references should be professional (employer, child's teacher, civic leader, elected official, clergy, etc.).**

A.

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B.

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C.

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**11. Provide any other information that will help us to know you better. (Use additional paper if needed.)**