



Council Member Appointment Application

To submit your application please email info@icdd.idaho.gov, fax (208) 334-3417 or mail completed forms to 700 W. State St., Ste. 119, Boise, ID 83702. Call (208) 334-2178 if you need help filling this form out. You must also fill out a [Governor's Application](#).

Personal Information

Legal Name	Name you go by		
Street Address	City	Zip Code	
Phone Number	Email address		
I identify as:	Male	Female	Other
If Other, please describe:			
Preferred pronouns:	She/Her/Hers	He/Him/His	They/Their
I am:			
Caucasian	Asian		
Hispanic	Native American		
African American	Other (please explain)		

Application Details

I am applying for: First Time Appointment Reappointment

I am applying as:

A person with a developmental disability

A parent of a child with a developmental disability

An immediate relative, parent, or guardian of a person with a developmental disability who is or was in an Institution

A person with a developmental disability who currently is or was in an Institution

A local non-governmental agency representative

A private nonprofit organization representative

The Protection and Advocacy organization representative

An University Center for Excellence in Developmental Disability representative

A state agency representative, agency name:

Other (please explain):

What qualifies you for the position you are applying for?

What are your specific disability-related interests or concerns?

What have you done to improve your concern?

As a Council member, in what ways will you help improve the lives of Idahoans with intellectual and developmental disabilities?

My commitment level for working on my disability related issues/concerns is:

Extremely High High Average Low

My commitment level for working on other issues affecting people with developmental disabilities is:

Extremely High High Average Low

My comfort level for speaking in and before groups and making presentations is:

Extremely High High Average Low

My comfort level for presenting information to state and local elected officials is:

Extremely High High Average Low

Do you have commitments or conflicts that might prevent you from attending quarterly Council meetings in Boise? Yes No

If yes, please explain:

Provide any other information that will help us to know you better.

References

Please list three (3) non-family references and their relationship to you. At least two of these references should be professional (employer, child's teacher, civic leader, elected official, clergy, etc.).

Reference 1:

Name

Phone

Email

Relationship

Reference 2:

Name

Phone

Email

Relationship

Reference 3:

Name

Phone

Email

Relationship