



BIOGRAPHICAL SKETCH

**FOR APPOINTMENT TO THE
COLORADO DEVELOPMENTAL DISABILITIES COUNCIL**

This Biographical Sketch will be attached to your application for appointment to the Colorado Developmental Disabilities Council.

Name: _____

Mailing Address: _____
Street

_____ CO _____
City Zip Phone

The Council is strengthened by the relationships that each Council member has with other advocacy groups, professional organizations, boards, agencies, committees, commissions, etc. Please share with us your involvement with these types of organizations that you feel would be an asset to your work as a Council member.

Organization Name

Organization Name

Organization Name

Organization Name

Please list any provider or professional or private organization in the field of developmental disabilities with which you have any kind of financial relationship other than being a recipient of services.

Organization Name

Organization Name

COUNCIL DESIGNATION / REPRESENTATION

The Colorado Developmental Disabilities Council is required by federal law to maintain representation from a variety of constituencies. Please indicate which category or categories best describe your situation. *(Check all that apply.)*

I am a:

- | | |
|---|--|
| <input type="checkbox"/> Person with a developmental disability | <input type="checkbox"/> Family member of a person with a developmental disability |
| <input type="checkbox"/> Person who is living in or has lived in an institution | |

I represent:

- | | |
|---|--|
| <input type="checkbox"/> Dept. of Vocational Rehabilitation | <input type="checkbox"/> Dept. of Education/IDEA |
| <input type="checkbox"/> Older Americans Act | <input type="checkbox"/> Title XIX of the Social Security Act |
| <input type="checkbox"/> Title IV Maternal & Child Health | <input type="checkbox"/> J.F.K. Partners/Univ. Center for Excellence |
| <input type="checkbox"/> The Legal Center/Protection & Advocacy | |
| <input type="checkbox"/> Nonprofit Groups | |
| <input type="checkbox"/> State Legislature | |

AVAILABILITY: As a Council member, you will be expected to regularly attend meetings. The Council meets six times a year for an afternoon. Additionally, each Council member is asked to serve on one of the Council's committees. Most committees meet monthly for 2-3 hours. Between meetings, Council members are expected to do a certain amount of reading in preparation for Council meetings. Council appointments are for two terms of three years each. Given this level of expectation, are you able and willing to give the time needed to serve on the Colorado Developmental Disabilities Council?

- Yes No

REASON: Why do you want to be appointed to serve on the Colorado Developmental Disabilities Council?

GIFTS AND TALENTS: What gifts or talents do you bring to the Council that you are willing to share with other Council members?

INTERESTS: The Council works in many areas that affect the lives of people with developmental disabilities. From what you know of the Council at this time, in what work of the Council are you most interested?

Thank you very much for sharing this information. We will continue to process your application with the Governor's office.