



## MEMBER APPLICATION

Name: **Redacted**

Home Phone: **Redacted**

Work Number: **Redacted**

Cell Phone: **Redacted**

Do you have access to the Internet?  Yes  No

Do you have access to email?  Yes  No

Email Address: **Redacted**

Home Address: **Redacted**

Are you a: (Please check all that apply)

**Person with a developmental disability**

**Member of an advocacy group**

Are you able to do the following: (Please check all that apply)

**Attend two-day meetings in Sacramento (4 times a year)**

**Able to participate in webinars, phone calls (web cam meetings, SKYPE)**

**Participate in local Self-Advocacy meetings and share information with SSAN**

**Available to serve a 4-year term as a SSAN Representative**

Why do you want to be a SSAN Volunteer Member:

I enjoy advocating for those disabled individuals in California who struggle to be treated normally, getting access to housing, education, healthcare, etc.

What local advocacy groups or committees to you belong to:

Self-Determination Committee (San Jose)

Board of Education Advisory Board

State Democratic Disability Caucus

How long have you been in an advocacy group or committee? 3 years and 8 years

How much time can you dedicate to SSAN activities and help share information with others:

As much time as is needed

Are you currently employed by an organization providing service(s) to persons with developmental disabilities?

YES  **NO** If yes please explain:

Do you need any accommodations to participate in a meeting, if so please explain:

**Redacted**

Do you need a facilitator/helper, if yes please explain how they would help you:

**Redacted**

**Please provide a letter of support from your supporting agency and two references.**

I am willing to serve as a SSAN member and have included why I wish to serve as a SSAN Representative:

Signed: **Redacted**

Date: 6/6/2018

**Please return completed forms to: David Grady, Manager of SCDD, Central Coast Regional Office. The completed forms will be submitted to SCDD Self-Advocacy Coordinator who will provide to SSAN Officers for application review process.**